



Research Account Closure Form

For the closure of all P, Q and E accounts

Account number (include suffix): _____

Should this Project Account be closed: **YES / NO**

(If no, please contact your Research Advisor / Enterprise Manager asap)

For P, Q and E accounts please return a signed copy to: Research Finance Administrators, Research and Enterprise, Centre for Innovation, University of Otago, research.finance@otago.ac.nz

PI name: _____ Funding Body: _____

Dept. Admin Name: _____ Dept. Admin extn: _____

In order for this account to be closed please ensure the following questions are answered:

NB: Any journals/invoices put through after this date may change the final balance of this account.

The final balance will be confirmed by FSD before journaling to your nominated activity code below.

Part A (PI to complete)

- Has the team finished working on the project? YES / NO
If no, please contact your Research Advisor/Enterprise Manager asap.
- Have all the contractual obligations (including reporting) been met? YES / NO
- Are the surplus funds (if any) to be returned to the funding body? YES / NO
Please contact your Research Advisor/Enterprise Manager for advice if you are unsure.

Part B (Dept. Admin to complete)

- Have Service Divisions (eg: HR, ITS) been notified of grant closure? YES / NO
NB: It is the Department's responsibility to ensure Service Divisions have been notified of account closures.
- Account Balance \$..... Debit/Credit.
For any balances + or - \$5,000, please attach a letter of explanation to this form.

Nominated Cost Centre and Activity Code _____

Note: Where applicable, please nominate the account to which the surplus/deficit is to be transferred for this completed account. This cannot be another externally funded grant account (P, Q, E), or internally funded central research account (R).

_____ Principal Investigator name	X _____ and signature	_____ Date
_____ Head of Department name	X _____ and signature	_____ Date
_____ Health Sciences Only – Dean's name	X _____ and signature	_____ Date