

# EASTERN VIRGINIA MEDICAL SCHOOL CLOSE GRANT

## TRANSFER LEFTOVER FUNDS FROM RESTRICTED GRANT TO GRANT CLOSE-OUT ACCOUNT

Grant Number(s): \_\_\_\_\_

Agency: \_\_\_\_\_

Grant Name(s): \_\_\_\_\_

Transfer \$ \_\_\_\_\_ to : \_\_\_\_\_  
Grant Number

I certify all requirements for the above mentioned study/studies have been satisfactorily completed. The Sponsor/granting agency will not request unused funds, and all reports have been submitted.

I also certify that **no further expenditures will be charged** to this/these grant(s), and that **all prior expenditures** and **encumbrances have cleared**.

Principal Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

Departmental Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

Chairman: \_\_\_\_\_

Date: \_\_\_\_\_

Divisional Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

Send to Office of Sponsored Programs, Rm. 132, Andrews Hall