

HARVARD PILGRIM HEALTH CARE, INC.
OFFICE OF SPONSORED PROGRAMS
REQUEST FOR TRANSFER OF RESIDUAL BALANCE TO
GENERAL PURPOSE FUND

Principal Investigator:	
Title of Project:	
Award/Project #:	
Sponsor:	
Date Project closed:	
Total Budget:	
Total Receivables:	
Total Expenditures:	
Available Balance Total: Direct: Indirect:	
Request to move to	<input type="checkbox"/> Existing General Purpose Account # <input type="checkbox"/> New General Purpose Account

Please verify the following statements:

- The project is complete and all incurred costs have been recognized and charged to proper accounts
- The deliverables and reports have been completed and accepted by the sponsor, and there are no outstanding obligations to the sponsor.
- No federal or state grant/contract funds were the source for this project.
- If any charges for this project are posted subsequent to this transfer, I will be responsible for their payment from my discretionary account(s).

x

Principal Investigator signature and date

Approvals:

Grants Manager/ Contract Manager

Director, OSP

VP Administration and Finance

Justification