

**LSUHSC - NEW ORLEANS  
SPONSORED AGREEMENT CLOSEOUT REQUEST FORM**

Current Date \_\_\_\_\_

PeopleSoft Project No. \_\_\_\_\_

Project Description \_\_\_\_\_

Project Sponsor \_\_\_\_\_

Grant/Contract Begin Date \_\_\_\_\_

Grant/Contract End Date \_\_\_\_\_

Date of Last Transaction \_\_\_\_\_

Total Revenues Inception to Date \_\_\_\_\_

Total Expenses Inception to Date \_\_\_\_\_

Project Balance \_\_\_\_\_

PS Res Bal Project Chartstring to Receive Balance  
(Include JE for multidisciplinary SAs) \_\_\_\_\_

Justification for closing project

By signing below I certify that I have reviewed the documentation supporting this request and found it to be complete and accurate to the best of my knowledge.

Business Manager/ Project Custodian	Date	Department Head (if applicable)	Date
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Assoc/Asst Dean for Fiscal Affairs	Date	Acct Svcs/Spon Proj	Date
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Dir., Office of Research Services (If Research Related)	Date	Dir of Accounting Services (If Revenue => 25% of Expense on Clinical Trial)	Date
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