



Clinical Trial Closeout Checklist, Notice and Certification

(Revised April 2018)

(Due 90 Days after end of Project – “Project End Date”)

WARNING – for Transactions Occurring and Recorded on Research Projects within the last 60 - 90 days prior to the “Project End Date” : This message is to make you aware that these transactions (Equipment, Personnel, Supplies, Travel, etc.) are considered “High Risk”, and will be “Highly Scrutinized” (Sponsor approval and documentation is required) by Internal and External Auditors. Please review and ensure that the Cost and/or Expense was substantiated (“Allowable, Allocable, Reasonable and Necessary”) for THIS AWARD. If YES, no action is required. If NO, please take swift action to correct the mistake(s). If an errant transaction is not corrected, and then is later “disallowed” by the sponsor, your DEPARTMENT will be expected to pay back the disallowed costs (the specified Default Chartfield will be charged).

Project No. _____

Principal Investigator _____

The following actions are required to facilitate the timely close out of your project.

1. Has the sponsor been properly billed for all services performed and has the revenue been received and properly recorded ?
2. Have all appropriate personnel related expenses been charged to the project according to university policies and procedures ?
3. Has an audit been performed on all medical services to ensure that all study procedures have been charged correctly ?
 - a. Matching all medical procedures to “standard of care” or study - related categories, as approved in the original budget ?
 - b. Ensure that all “study related” services were billed to the project, NOT to “insurances” ?
 - c. Ensure that no “standard of care” services were billed to the project unless approved in the original budget for all patients / subjects. ?
4. Have all other direct expenses been properly recorded ?
5. Have all encumbrances been cleared ?
6. For all projects with residual balances (income exceeds expenses) in excess of 50%, a letter of explanation is ATTACHED, stating why the significant variance exists.

I certify that the study has been completed, that the action items listed above have been followed, and that the accounting statements reflect all appropriate revenue and expenses.

_____	_____	_____	_____
Principal Investigator	Date	Administrative Manager	Date

Any deficit or surplus (Surplus applies just to Fixed Price awards) will be transferred (only at GCA’s final Project Closeout) to the DEFAULT CHARTFIELD (an unrestricted chartfield that you specified when this Project was initially “set up”) OR to the following unrestricted chartfield:

BU	Org ID	Fund	Activity	Project	Account
----	--------	------	----------	---------	---------

Send to Grants & Contracts Accounting, 406 Park and send a copy to the Office of Sponsored Projects, Research Administration Building, 75 S 2000 E (RAB Bldg 512).