OSP Residual Funds Signoff Sheet – Revised 05/11/2012

DATE: Month, Day, YYYY
TO: Fiscal Contact and Principal Investigator
FROM: OSP Accountant
RE: Residual Balance for Award number ___________ Project number ___________

Project Description:

Residual Amount: $ ________________

The procedure for residual balances can be found here: http://www.virginia.edu/polproc/proc/8-16.html

The PI’s certification of project expenditures is a key piece of the documentation supporting the allowability, allocability and reasonableness of all project costs. Each month the PI certifies to the best of their knowledge that charges are appropriate.

Having reached the end of the sponsored project and having been left with a residual balance it is critical that the PI again certify that they have reviewed and met all sponsor terms and conditions as well as fulfilled their obligations with regard to the project scope and intent.

As the fiscal contact you agree that all accounting and administrative activities with regards to the grant have been completed in accordance with State and UVA policies and procedures as well as sponsor terms and conditions, to include:

- All reconciliations have been done and expenditures have been reviewed, are complete and appropriate
- All commitments have been cleared
- All salaries have been charged commensurate with effort commitments made to the sponsor.

I have reviewed the above list and to the best of my knowledge, all items are complete. As a reminder, the department must retain grant records for 5 years from submission of final financial report by OSP; or longer if under audit or litigation.

____________________________________________________
Signature of department administrator/fiscal contact       Date

As the Principal Investigator you agree the residual balance is appropriate. By signing this form, the PI agrees that he/she has completed the project specifications and agree that the excess funds should be moved to an RG award as they are University funds.

____________________________________________________
Signature of Principal Investigator            Date

____________________________________________________
Signature of School Grants Administrator     Date