

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:	
Total Budget:	
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 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

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Principal Investigator signature and date

Approvals:

Grants Manager

Director, OSP

HPHC/HPHCI Dept Administrator

HPHC VP Compliance and Ethics

Please include a justification on the next page

## **Justification**