

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

Principal Investigator signature and date

Approvals:

Grants Manager

Director, OSP

HPHC/HPHCI Dept Administrator

HPHC VP Compliance and Ethics

Justification