



Date _____

RESIDUAL BALANCE TRANSFER FORM

PI First Name: _____	PI Last Name: _____
Department: _____	College: _____
PI Phone: _____	PI Fax: _____

PROJECT INFORMATION

Budgetary Information:	_____	_____	_____
	<i>Total Award Amount</i>	<i>Remaining Balance</i>	<i>Percentage Remaining</i>
Funding Sponsor:	_____		
Begin Date:	_____	End Date:	_____
Project Title:	_____		
Agency Award Number:	_____	FIU Project ID:	_____

A minimum amount of \$1,000 is required for transfer of remaining balances to a NEW Department ID. The Division of Research will not open a Department ID for transfers below \$1,000. However, amounts below \$1,000 and above \$100 will, upon request from the PI, be transferred to the PI's existing miscellaneous department ID or to the PI's existing department miscellaneous department ID. If the remaining amount is \$100 or less, such amount will be retained by the Division of Research for use in promoting additional research and training projects.

PI's Existing Miscellaneous Department ID: _____	
New Miscellaneous Department ID <i>(will be assigned by DOR):</i>	_____
Funds will be utilized by:	_____
<i>(funds intended to be used on an ongoing basis and/or NOT to be stockpiled or banked)</i>	

Reason for Remaining Balance (why the funds expended were less than anticipated):

Justification for Use of Remaining Funds (how funds will be used to promote and support research):

I hereby certify that all debts and obligations related to the conduct of this project have been fully satisfied, and that all appropriate charges incurred in the conduct of the research have been charged to this project ID.

Principal Investigator's Signature	Date
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PI's Department Chair/Center Director, Dean or Vice President	Date
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Division of Research	Date
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