

MURRAY STATE UNIVERSITY

Interoffice Communication

Accounting & Financial Services

TO:

FROM: Grants and Contracts Accountant

DATE:

SUBJECT: Grant Closing Confirmation

Project Description:

Account Number:

Ending Date:

Amount of Award:

Total Expenditures:

Unexpended Balance:

Prior to closing the grant, the Project Director, Chairman, and Dean need to sign below to confirm the following.

1. All expenditures applicable to the above grant have been appropriately charged against the above account number.
2. All matching requirement, both in-kind and cash match, have been met.
3. There are no extensions for the above grant.
4. The above grant has ended and the account can be closed.

Project Director

Date

Chairman

Date

Dean

Date

Please return to Accounting and Financial Services when completed. The account will then be closed and the required final financial reports submitted to the funding agency. You may contact me at 4170 if you have any questions.