Research Account Closure Form

Account Information	
Account Name:	

Account Number:		HIREB File Number:	

Account Holder	
Name:	

Important Instructions and reminders:

- Complete a separate account closure form for each account
- Send one copy of this form to: researchfinance@stjoes.ca

- Refer to RSJ-H policies on Open/closing accounts; disposition when relocating (013-RSJ-H) and Discretionary accounts (015-RSJ-H)
- Note: To request the creation of a Discretionary Account in order to move residual funds, forward a completed Request for Opening New Third-Party or Research Accounts Form BEFORE submitting this form

Reason for Account Closure

☐ The study has ended and HIREB has been notified of study closure
☐ The study is ongoing but no further revenue or disbursements from this account are expected
☐ Other (please specify): _____

Expense Allocation

If the following ongoing expenses are charged to this account, please indicate which account this expense should be transferred to or if this expense should be cancelled.

Item:	Transfer to Account Number:	Cancel?
Telephone charges		☐
Photocopying charges		☐
Income still expected		☐
Salary expense	(complete next section)	

Salary Allocation

Are there employee salaries charged to this account?   ☐ Yes   ☐ No

If yes, please fill out ALL of the following fields required to move an employee salary to another account or terminate an employee:

Employee Name		Employee ID #		Campus	
For Salary Account Change:					
New Salary Account Number			Effective Date		
For Termination of Employee:					
Salary Account Number				Last Paid Date	
Job Title			Department		
Employee Status: ☐ Regular FT ☐ Regular PT ☐ Casual ☐ Temporary FT ☐ Temporary PT					
Reason: ☐ Terminate ☐ Quit ☐ Resigned ☐ Retirement ☐ Other (please state)					
Would you rehire? ☐ Yes ☐ No					

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For Termination of Employee:					
Salary Account Number				Last Paid Date	
Job Title			Department		
Employee Status: ☐ Regular FT ☐ Regular PT ☐ Casual ☐ Temporary FT ☐ Temporary PT					
Reason: ☐ Terminate ☐ Quit ☐ Resigned ☐ Retirement ☐ Other (please state)					
Would you rehire? ☐ Yes ☐ No					

If you require further salary allocation sections, please print additional pages and attach to this document upon submission.

Signature of Account Holder

I hereby confirm that there are no outstanding revenues or expenditures related to this account and that all legal and financial requirements for any agreement associated with this account have been fulfilled.

Signature   Date

For Research Administration Use Only			
What is the account balance? ☐ Surplus: $		☐ Deficit: $	☐ $0
If there is a surplus or deficit, funds are to be transferred as follows:			
☐ To or ☐ From: The following research account:			
Account Number:		Account Name:	
☐ To: the following funder/ sponsor/ institution:			
Funder/ sponsor/ institution			
Contact Person			
Mailing Address *(Street number & name, unit/suite, city, state/province, country, zip/postal code)*			
Phone #:		Fax #:	
Email Address:			

Amount Transferred		Processed By:		Date:	
Comments:					