

Research Account Closure Form

Account Information							
Account Name:							
Account Number:		HIREB File Number:					
Account Holder Name: Important Instructions Complete a separ	and reminders: ate account closure form for ea this form to: researchfinance@	ch account					
 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 <u>BEFORE</u> submitting this form 							
Reason for Account Clos	ure						
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)						

Are there employee salaries charged to this account?	Salary Allocation							
or terminate an employee: Employee Name	Are there employee salaries charged to this a	account?	es	No				
or terminate an employee: Employee Name	If was inlease fill out ALL of the following field	ls required to move a	n emnlovee s	alary to anot	her account			
Employee Name Employee ID # Campus For Salary Account Number Effective Date For Termination of Employee: Salary Account Number Last Paid Date Job Title Department Temporary FT Temporary PT Reason:		is required to move a	ii eiiipioyee s	alary to arrot	ner account			
For Salary Account Number Effective Date Salary Account Number Last Paid Date Job Title Department Temployee Status: Regular FT Regular PT Casual Temporary FT Temporary PT Reason: Terminate Quit Resigned Retirement Other (please state) Would you rehire? Yes No Employee Name Employee ID # Campus For Salary Account Change: New Salary Account Number Effective Date For Termination of Employee: Salary Account Number Effective Date For Termination of Employee: Salary Account Number 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.				1				
New Salary Account Number Effective Date For Termination of Employee:		Employee ID #		Campus				
For Termination of Employee: Salary Account Number 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 Employee Name Employee: Salary Account Change: New Salary Account Number Effective Date For Termination of Employee: Salary Account Number Department Salary Alcount Number Reason: Regular FT Regular PT Casual Temporary FT Temporary PT Reason: 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.								
Salary Account Number Department Departm	•	Effe	ctive Date					
Job Title Department Temporary PT Reason: Terminate Quit Resigned Retirement Other (please state) Would you rehire? Yes No No Resigned Retirement Other (please state) Would you rehire? Employee ID # Campus For Salary Account Change: Resigned Retirement Other (please state) Would you rehire? Employee ID # Campus For Salary Account Number Effective Date Salary Account Number Last Paid Date Department Dob Title Department Temporary PT Reason: Terminate Quit Resigned Retirement Other (please state) Would you rehire? Yes No No No No No No No N	· /·		Look Doid D	-+-				
Employee Status: Regular FT	•	Donartment	Last Paid D	ate				
Reason:			Tempora	ary FT Te	emnorary PT			
Would you rehire? Yes								
Employee Name Employee ID # Campus For 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 If you require further salary allocation sections, please print additional pages and attach to this document upon submission. Signature of Account Holder Thereby 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.								
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Job Title	For Termination of Employee:							
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.			Last Paid Da	ate				
Reason:								
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Signature Date	runnieu.							
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	Signature			Date				

For Research Administration Use Only								
What is the acco	ount balance? Su	urplus: \$		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 Nar	ne:					
To: the follo	owing funder/ sponso	or/ institution:						
Funder/ sponsor,	/							
institution								
Contact Person								
Mailing Address								
(Street number 8								
name, unit/suite,	, city,							
state/province,								
country, zip/post	:al							
code)			F #-					
Phone #:	T		Fax #:					
Email Address:								
A	1	B			D. I.	1		
Amount Transfer	rea	Processed By	:		Date:			
Comments:								