



Office of Research Accounting

*See reverse side for Instructions*

Form Distributed on:

Form Distributed to:

**Form Due:**

**Section 1: Purpose of Form**

*The purpose of this form is to authorize an account closure.*

*If you are anticipating an extension, please complete an extension request form.*

*Find the form here.*

**Section 2: Account Information**

*Costs as of*

**Award Amount:** \$ \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Total Direct Costs:** \_\_\_\_\_

**OSP Number:** \_\_\_\_\_

**Total Indirect Costs:** \_\_\_\_\_

**Award Number:** \_\_\_\_\_

**Fee (Obj Cd 905):** \_\_\_\_\_

**Account Period:** \_\_\_\_\_

**Total Costs:** \_\_\_\_\_

**No Post Date:** \_\_\_\_\_

**Principal Investigator:** \_\_\_\_\_

**Remaining Award Balance:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_

**Amount Overspent :** \_\_\_\_\_

**Section 3: Account Balance Instructions**

Transfer Income/Award Balance (carryover)

Unspent Balance of Award

Amount: \$ \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_

Income to be Returned to Sponsor

Unliquidated Obligation (NIH agreements)

Amount: \$ \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**Special Instructions for Department:**

- \*Process adjustments prior to submitting ACE Form
- \*Release all Encumbrances
- \*Clear RESOLUTION NEEDED BCDE & CRFN if applicable
- \*Verify F&A and fringe rates were charged correctly

**Special Instructions for Research Accounting:**

**Section 4: Final Costs (enter final costs after ALL adjustments)**

**A: Final Direct Costs:** \$ \_\_\_\_\_

**Final Indirect Costs:** \$ \_\_\_\_\_

**Final Total Costs:** \$ \_\_\_\_\_

**Total Fee:** \$ \_\_\_\_\_

**Total Cost Plus Fee:** \$ \_\_\_\_\_

**B: If applicable, enter cost share information. Total Cost Share should not Exceed the amount stated in the award agreement.**

**Total Cumulative Cost Share:** \$ \_\_\_\_\_

**Section 5: Submission Information**

Email: [res-acct@psu.edu](mailto:res-acct@psu.edu)

Accountant: \_\_\_\_\_

**The department assumes all responsibility for any disallowances that may arise from changing the "hold close" and or "expense close" dates as needed to close the account.**

Approval Name(s) (Please Print)

Approval Signature

Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Section 1: Purpose of Form

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**Authorization to Close:** Project has ended and all costs are finalized. (Complete Sections 3 and 4)

## Section 2: Account Information

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This section is prefilled with account information from IBIS. The financial information is based on the amounts as of month end closing.

## Section 3: Account Balance Instructions

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Select the appropriate instruction for the remaining award balance listed in Section 2.

If the account is overspent, the department is responsible for transferring the charges.

### Transfer Income/ Award Balance (Carryover)

1. Select the 'Transfer Award Balance' box.
2. Fill in the transfer amount.
3. Fill in the account number (the account number is the IBIS account number i.e. 0508281 UP 68ZZ0).
4. If there is actual income to be transferred, please indicate a request in the comments section for Research Accounting to process the income transfer.

*As a general guideline departments should transfer expenses and Research Accounting should transfer income.*

### Income to be Refunded to Sponsor

1. Select the 'Income to be Refunded to Sponsor' box.
2. Fill in the amount.

### Unspent Balance of Award (Deobligation of award, this is the amount of the award that was not spent)

1. Select the 'Unspent Balance of Award' box.
2. Fill in the amount.

*For fixed price agreements with a remaining balance see PSU Guideline RA90 Finalization and Closure.*

### Unliquidated Obligation (NIH agreements only)

1. Select the 'Unliquidated Obligation (NIH agreements only)' box.
2. Fill in the amount.

*Unliquidated obligations are commitments and are considered to be obligations.*

### Special Instructions for Department:

1. The listed task need completed before we can close the account.

### Special Instructions for Research Accounting:

1. This section is for your request and comments for Research Accounting.

## Section 4: Final Costs

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Part A: Enter the final costs including fringe benefits.

Enter the total fee (if applicable).

Enter the total cost, with ALL adjustments, that is to be reported and/or invoiced.

Part B: Enter the cost share information that is to be reported to the sponsor (if applicable).

## Section 5: Submission Information

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In order to meet final invoicing and financial reporting requirements please return the form by the stated due date. The due date is the same as the Hold Close date for the account.

**Reminder:** Research Accounting has the authority to close the account if the form is not returned in a timely manner.

**Submit a copy via email to:** [res-acct@psu.edu](mailto:res-acct@psu.edu) (use ACE in the subject line)

Remember to **sign** the ACE form. Unsigned forms will not be processed and will be returned for signature.

If you have any questions, please contact our office at 814-865-7525.