

## Fixed-Price Award Residual Balance Transfer Form

According to the [fixed-price residual balance policy](#), this form must accompany any transfer of residual balances to a local account. Additionally, justification for balances exceeding 15% for federal or federal-flow-through projects and 25% for non-federal projects is mandatory.

### Project Information

Budget Purpose #:

Title:

Sponsor:

Principal Investigator:

Fiscal Officer:

Award Start Date:

Award End Date:

Current IDC Rate %

### Financial Information

|                                               |    |
|-----------------------------------------------|----|
| A. Award Amount                               | \$ |
| B. Cumulative Payments Received               | \$ |
| C. Cumulative Expenses                        | \$ |
| D. Residual Balance (B - C)                   | \$ |
| E. Percent Balance (% balance remaining; D/A) | %  |

### Balance Justification

*Justification for balances exceeding 15% for federal or federal-flow-through projects and 25% for non-federal projects is mandatory.*

## Transfer Information

BP # Transferring to (**Function 12 required**):

- |                                                                     |    |
|---------------------------------------------------------------------|----|
| A. Residual Balance Remaining:                                      | \$ |
| B. IDC Rate to be Applied to Total Direct Costs:                    | %  |
| C. Direct Costs ((A / 1.(IDC rate)) <b>Amount to be transferred</b> | \$ |
| D. IDC Amount (A-C):                                                | \$ |

## Required Approvals

As the Principal Investigator for the sponsored award, I confirm that I have read and understand the fixed price residual balance policy. Additionally, I certify that all required deliverables have been completed and submitted to the sponsor, and all expenses have been appropriately charged to the account.

Principal Investigator

Fiscal Officer (Grant BP)

Unit Director

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OSPA Approval