

**FIXED-PRICE AWARD UNEXPENDED BALANCE FORM**  
(Only direct cost general ledger balances will be eligible for this transfer)



PRINCIPAL INVESTIGATOR: \_\_\_\_\_  
PROJECT TITLE: \_\_\_\_\_  
SPONSOR: \_\_\_\_\_  
AWARD / FUND NUMBER: \_\_\_\_\_  
AWARD END DATE: \_\_\_\_\_  
UNEXPENDED BALANCE: \_\_\_\_\_

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**IF THERE IS A LARGE UNEXPENDED BALANCE (GREATER THAN \$50,000 OR GREATER THAN 25% OF THE TOTAL AMOUNT RECEIVED FROM THE SPONSOR), PLEASE EXPLAIN IN THE SPACE BELOW THE CIRCUMSTANCE(S) THAT LED TO IT AND/OR THE REASON(S) FOR IT.**  
\_\_\_\_\_  
\_\_\_\_\_

I certify that:

- *All programmatic work is complete;*
- *All programmatic and administrative deliverables have been submitted to the sponsor;*
- *To the best of my knowledge, all expenses charged to the award were consistent with UC/UCB policy and the award terms and conditions.*

*I request the transfer of the adjusted direct cost balance to the unrestricted department research account(s) noted below so that I may further support my research program, including the support of graduate students engaged in research.*

\_\_\_\_\_  
PI Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair/Organized Research Unit Director Signature

\_\_\_\_\_  
Date

*(If total unexpended balance is greater than \$50,000 or greater than 25% of the total amount received from sponsor)*

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**DEPARTMENT/ORGANIZED RESEARCH UNIT**

Please include below the allocation of the available balance to the department research chartstrings for the fund transfer (should be an unrestricted 6xxxx fund source). The final amount of the transfer will be determined after a closeout is completed by CGA.

\_\_\_\_\_  
Fund-Dept ID-CF1-CF2

\_\_\_\_\_  
Amount

\_\_\_\_\_  
Fund-Dept ID-CF1-CF2

\_\_\_\_\_  
Amount

Please email the completed and signed form to the Contracts and Grants Accounting Office at [CGAawards@berkeley.edu](mailto:CGAawards@berkeley.edu).