	OFF	ICE OF G	OFFICE OF GRANTS AND RESEARCH ADMIN	MINISTRATION
		THREE (3)	THREE (3) MONTH CLOSE OUT INTERVIEW CHECKLIST	CHECKLIST
Date:			Grant Number:	Fiscal Officer:
Attendees:				
,				
Three (3) months prio the account is reconc to be attached to this checklist by signing the	r to the close out of the iled and the expendituchecklist. Upon finalities of the checklist.	e grant func re of funds zation of the	the Fiscal Officer must meet with is accurate. Supporting document close out interview both the interview bo	Three (3) months prior to the close out of the grant fund, the Fiscal Officer must meet with OGRA accountant for the grant fund and ensure that the account is reconciled and the expenditure of funds is accurate. Supporting documentation for each action item and notes for each meeting is to be attached to this checklist. Upon finalization of the close out interview both the interviewing accountant and Fiscal Officer are to verify this checklist by signing this document. All documents are to be seened and others to be a transfer or the checklist by signing this document.
Action Item	Contact Person	Yes/No/ NA		Notes Notes
Deactivation Letter	х х			
Detailed Expenditure Report			I V	
Open Encumbrances				
Open Requisitions				
Open Invoices				
List of Checks that have not cleared				
Detailed Payroll – Labor Distribution				

Fiscal Officer:	Interviewing Accountant:	I certify that the above inconfirmed by the grant fu	Final Review of File/ Is file complete?	Equipment List/ Property Control	Subcontracts/ Contracts on file?	(Copies and verification of receipt and final due date)	Progress Reports (Copies and verification of receipt and final due date)	Fringe Benefit calculation verified	Time and Effort Reports/Personnel Summary Sheets/Timecards	Total Revenue/ Remaining Balances
Print Name	Print Name	formation is correct, accurate nd Fiscal Officer and that all a				,				
Signature	Signature	I certify that the above information is correct, accurate and has been reconciled to the grant fund acconfirmed by the grant fund Fiscal Officer and that all appropriate documentation supporting the above								
Date:	Date:	account; that the above information was validated and above information is attached.								