



Project Closure Form

Date

Project No.

Project Name

Project Director E-mail

Phone #

College

Department

Date of Closure

Reason

Project Balance \$

Projects with a \$0.00 balance at the time of request for closure will be quickly processed.

If there is a balance (+/-), please note the transfer From Project # and To Project # in order to bring the balance to zero.

From Project # To Project # Amount \$

Approving Signatures:

Project Director _____ Date _____

Dean or V.P. _____ Date _____

UDAS Director _____ Date _____

Please return completed form to: **Advancement Services, Attn: UF Project Closures, zip 0155**

- Office Use Only -

Form Received _____

Sent to UF _____

Processed in Banner _____