

**THE UNIVERSITY OF ARIZONA
FOUNDATION**

1111 N. Cherry Ave., Room 403
P.O. Box 210109
Tucson, Arizona 85721

*Please complete this form and return it to the UA Foundation,
Financial Services Dept., Room 403, "Swede" Johnson Bldg.
Questions regarding this form may be directed to fssupport@uafoundation.org
or 621-5494. **Faxed Copies are not accepted.***

For UA Foundation Use Only		
<input type="checkbox"/>	Form completed	
<input type="checkbox"/>	Attachment included, if applicable	
<input type="checkbox"/>	Approval signature verified	
Reviewer:	_____	_____
	<i>Initials</i>	<i>Date</i>
Processor:	_____	_____
	<i>Initials</i>	<i>Date</i>

Project Closure Form

Contact Name: _____ **Date:** _____

Telephone No.: _____ **Email:** _____

Project to be closed:

Project Number: _____ **Project Name:** _____ **Balance:** _____

If there is a remaining balance in the project(s) to be closed, a **Funds Transfer Request** form must be attached to transfer the balance to an open project.

Reason for closing:

Note: Users will maintain access to the closed project history.

Approval:

I hereby authorize the Foundation to close the project(s) named above.

Printed Name – Dean, VP or Designee Signature – Dean, VP or Designee Date