

## **College of Sciences**Office of the Associate Dean for Research

sciences.ncsu.edu

Campus Box 8209 2700 Stinson Drive, 312 Cox Hall Raleigh, NC 27695-8209 P: 919.515.7865

## SUBAWARD CLOSEOUT REQUIREMENTS

Subaward No	<del>_</del>
Subrecipient:	_
Prime Agency:	<del>_</del>
Please check all that apply.	
☐ Final invoice has been mailed/emailed, and is mark	ed FINAL
☐ Required Cost Share has been met and reported.	
☐ There are no patents or inventions to report.	
☐ Patents and/or inventions are pending. Please see a	attached documentation.
☐ Technical Report completed and mailed on this dat	e
Equipment purchased:  Yes (Complete attached)  No	
I hereby certify the above information is correct and in	accordance with the terms of the subcontract.
Subrecipient	Date

Please return to your subcontract invoice contact:



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## SUBAWARD EQUIPMENT CLOSEOUT

Subaward No	
Subrecipient:	
Prime Agency:	
Description of Equipment:	
Date of Purchase:	
Manufacturer:	
Model Number:	
Serial Number:	
Condition of Equipment:	
Location of Equipment:	
Value of Equipment:	
Disposition: If allowable, do you wish to keep Equipment:  Yes No	