**DATE**

**Sponsor Contractual/Grants Contact**

**Address**

**Email**

Dear **(Contact Name here):**

The University of Idaho is requesting to relinquish the remaining funds and effort for the project entitled **“*Project title*”** funded under your award **(sponsor award # here) (**UI # **Insert UI budget # here)**. We are requesting this change for the following reason(s):

**Give your reasons for the relinquishment, state the requested transfer institution, estimated remaining balance, and the requested effective date of the transfer. Include a summary of the work that has yet to be completed.**

A final invoice will be sent (as applicable) if this request is approved. If you have any questions, please contact postaward@uidaho.edu or (208) 885-6651.

Sincerely,

(***Please sign the letter prior to submitting to OSP Post Award; OSP will print/copy the letter onto OSP letterhead***)

**YOUR NAME HERE**

Principal Investigator

Deborah N. Shaver

Director, Office of Sponsored Programs

CC: Program Officer or Technical Contact