

OUR Financial Closeout Report

The financial closeout report must be completed by the OUR awardee's faculty supervisor.

Semester and year awa	rded:			
Project Title:				
Faculty Research Super	visor Name:			
Faculty Research Super	visor Email Address:			
Faculty Research Super	visor Signature:			
Materials, supplies, or gift cards purchased (add additional lines if needed):				
I de me	Data nurahasad	Coot	DO #	

Item	Date purchased	Cost	PO#

Total Amount Spent: Enter text here.

Student pay (summer students only, if applicable):

Hire dates	Stipend/hourly pay	Notes/details

Total Amount Spent: Enter text here.

Housing (summer students only, if applicable):

Housing dates	Notes/details

Total Amount Spent:

Awardee's Name:

Provide a brief explanation on how the funds used benefitted the student: