

COST TRANSFER REQUEST FORM

This form is required for final approval of any expense transfer (ET) or labor distribution (LD) transfers to sponsored program and required cost share worktag(s) that are submitted more than 90 days after the date of the original transaction.

Prepared by: _____ Department: _____ Phone: _____

Cost Transfer Document Number to be Approved: _____

Original Transaction Date: _____ Total Transaction Amount: _____

Source Document Identification: _____

Ledger Number: _____ Object Class _____ Amount: _____

Original Worktag: _____

Worktag Receiving Transfer: _____

State in detail the reason this Cost Transfer is needed and explain why it was delayed for over 90 days. Any explanation that states the transfer is "to correct error" or "to transfer to correct project" is not sufficient and will not be accepted. Attach additional pages as needed for a full detailed explanation. Be sure to explain why the expense is allocable to the sponsored program worktag receiving the cost transfer.

REQUIRED SIGNATURES AND CERTIFICATIONS

I certify that the above expense is allocable to the sponsored program receiving the expense. Principal Investigator Signature: _____
Signature Date: _____

Dean's Office Approval: _____
Signature Date: _____

Note: The Dean's Office approval must be signed by a Dean, Associate Dean or Assistant Dean.

Attach document to the Accounting Adjustment or Payroll Accounting Adjustment. Otherwise, email Award Contract Owner completed and signed document.