

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 cost centers that are submitted more than 90 days after the date of the original transaction.

Prepared by: _____ Department: _____ Phone: _____

ET Document Number (LD number not required): _____

Original Transaction Date: _____ Total Transaction Amount: _____

AP-ID or Other Source Document Identification: _____

Account Number: _____ Category: _____ Amount: _____

Original Cost Center Number: _____

Cost Center 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 cost center 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.

E-mail completed form to Research Accounting at resacct@uark.edu