



Cost Transfer Request Form

This **Cost Transfer(CT) Request Form** shall be used when moving an expense that was incorrectly charged to one account to the correct account. Errors that result in a CT request may be caused by a simple keystroke or transcription error, changes in grant numbers or funding cycles, or a variety of other reasons.

Cost Transfers, Distribution Adjustments and Miscellaneous Transactions move expenses previously recorded in one award to another. In order to comply with federal regulations all transfer requests must be completed within 90 days of the original charge.

PROCEDURE:

- Complete the Cost Transfer Request Form in its entirety, ensuring that information is correct and justification answers are thorough.
- Once completed, acquire the required signatures and submit the CT to your respective grants manager for review and processing.
Be sure to include proper documentation as backup when submitting the CT to your grants manager. Proper documentation includes: highlighted actuals from the period of the original expense, email correspondences relating to the discovery of the error, and any additional information that relates to the CT.
- The grants manager will then review, sign-off and route to the Director of OSP for final approval and or to the SVP of Finance if necessary.
- At this stage, the grants manager will route the Cost Transfer Request Form to the Sr. Business Systems Analyst for final processing.

Date:**MOVE EXPENSE FROM:**

Project #:

Project End Date:

Award #:

Expenditure Type:

Amount:

MOVE EXPENSE TO:

Project #:

Project End Date:

Award #:

Expenditure Type:

Amount:

Cost Transfer Justification:

Specify the transaction being moved and how it directly relates to the award(s) it is being moved to.

How/when was this error or situation discovered? Include the reason this was originally charged to the incorrect project.

How will this error or situation be prevented from occurring in the future?



Cost Transfer Request Signature Page

Requested By: PM/PI of award that expense is being moved from:

Signature:

Name: _____

Title: _____

Date: _____

Approved By: Supervisor of PM/PI

Signature:

Name: _____

Title: _____

Date: _____

Approved By: PM/PI of award that expense is being moved to:

Signature:

Name: _____

Title: _____

Date: _____

Signature:

Name: _____

Title: **Grants Manager**

Date: _____

Signature:

Name: **AH/PH Accounts**Title: **Director, OSP**

Date: _____

Signature:

Name: **AF/PF Accounts**Title: **DPM Manager of Finance AF/PF**

Date: _____

Signature:

Name: _____

Title: **VP Corporate Compliance and Ethics**

Date: _____

The following signature certifies that this Distribution Adjustment Request has been completed:

Signature:

Name: _____

Title: _____

Date: _____