Franklin W. Olin College of Engineering

Office of Sponsored Programs

REQUEST FOR COST TRANSFER

DATE: _____

This form is to be used to make a cost transfer involving sponsored funds.

ACCOUNT TRANSFERRING TO (DEBIT)			ACCOUNT TRANSFERRING FROM (CREDIT)	
ACCOUNT STRING	**AMOUNT**		**ACCOUNT STRING**	**AMOUNT**

Does this request include a retroactive salary transfer?   **YES***   **NO**

* If this request is related to a salary charge for which a Time & Effort Certification Report has been signed, the person for whom the change is being made or his/her supervisor must sign below.

Salary adjustment requested for _____ Month(s)_____

Signature_____ Date_____

JUSTIFICATION: If transfer is made within 90 calendar days, answer questions 1 and 2; if over 90 days, answer all 4. Please attach any necessary supporting documentation.

1) Please explain how the error occurred and why the expense was not charged correctly initially.

2) Please explain how the expense benefits the project to be charged.

3) Why is this cost transfer being requested more than 90 calendar days after the 15th of the month following the accounting period of the original transaction?

4) How was the error discovered? What is being done to prevent this from recurring?

By signing below, the Principal Investigator for the sponsored project now being charged (debited) certifies that the cost to be transferred is an allowable and allocable expenditure.

_____   _____
Authorization from PI/Manager   Date   Authorization from PI/Manager of   Date
of Account to be Debited   Account to be Credited

_____   _____
Manager, Post-Award   Date   AVP Financial Affairs > 90 days   Date
Financial Administration

For accounting office use only:

Posting Date: _____   Period (Month): _____

JE Posted by: _____   JE No.: _____

AC No.: _____   Description (limit 24 characters): _____

Fiscal (Year): _____   _____

Revised 1/15/13