Cost Transfer Request and Explanation Form
Grants

Original Charge fund
Number:_______________________________________Amount:__________________________
Transfer to Fund:________________________________Amount:___________________________

Date of original transaction:_______________________

Description of expense to transfer:____________________________________________________
_________________________________________________________________________________

1. Why was this expense originally charged to incorrect account?

2. Why should this charge be transferred to the proposed receiving fund?

3. If requested after 90 days - Why is this cost transfer being requested more than 90 days after the occurrence of the original transaction?

4. What action is needed to eliminate future need for cost transfers of this type?

Principal Investigator’s signature:__________________________________Date:_________

Grants Office signature:__________________________________________Date:__________

Controller signature:_____________________________________________Date:_________

NOTE: By signing above you are certifying that the cost to be transferred is an appropriate expenditure for the grant charged and that the expenditure complies with the terms and restrictions governing that grant.