

## COST TRANSFER EXPLANATION & JUSTIFICATION FORM

**If transfer is made within 90 days, answer Questions 1 and 2 only; if over 90 days, answer all four questions.**

1. Why was this expense originally charged to the account from which it is now being transferred? (Indicate index number, account number, and amount to be transferred.)
  
  
  
  
  
  
  
  
  
  
2. Why should this charge be transferred to the proposed receiving fund? (Indicate index number, account number, and amount to be transferred.)
  
  
  
  
  
  
  
  
  
  
3. Why is this cost transfer being requested more than 90 days after the last day of the month following the date of the original transaction? (Attach any necessary supporting documentation.)
  
  
  
  
  
  
  
  
  
  
4. What action is necessary to eliminate future need for cost transfers of this type? Is this action being taken?

Principal Investigator's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: By signing above, requestor certifies that the cost to be transferred is an appropriate expenditure for the sponsored grant or contract charged and that the expenditure complies with the terms and restrictions governing that sponsored grant or contract.**

If question 3 is applicable, the following approvals are required:

Financial Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_ Phone: \_\_\_\_\_