

Salary Cost Transfer Explanation Form

eForm ID: _____

Employee Name: _____

Employee ID: _____

Answer questions 1 and 2 if the salary cost transfer is made within 90 calendar days. Answer all 4 questions if the cost transfer is over 90 calendar days. *If needed, please attach additional documents for explanation and justification. Please type or print.*

1. Why was this expense originally charged to the account from which it is now being transferred?

Amount(s) to be transferred: _____

From account(s): _____

2. Why should this charge be transferred to the proposed receiving sponsored contract/grant account?

Amount(s) to be transferred: _____

To account(s): _____

3. Why is this cost transfer being requested more than 90 calendar days from the original transaction date (date expenditure is posted in the General Ledger)? (Attach any necessary supporting documentation).

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

Is this action being taken? _____

Requestor's Signature (must be Principle Investigator or Cognizant Administrator)

Date

Printed Name and Title

Phone Number

**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 governing that sponsored grant or contract.

Signatures Below are only required if cost transfer request is more than 90 days:

College, School, Department or Research Center Administrator

Signature

Date

Printed Name and Title

Phone Number