Cost Transfer Request Form

Complete this form when processing a debit to a **federal award that meets the cost transfer criteria.** Once completed, **send the signed form to OSP along with relevant supporting documentation.** Please see Cost Transfer Procedures and Flow Chart for additional guidance and required supporting documentation.

ORIGINAL (EARLIEST) TRANSACTION DATE:

Check one: Over 90-day cost transfer ☑ Under 90-day cost transfer ☐ Note: Use the Cost Transfer calculator here to calculate 90 days.

FROM (CREDIT)	ORG #/NAME	FUND	ACTIVITY	SUBACTIVITY	OBLIGATED AWARD PERIOD END DATE	AMOUNT $
TO (DEBIT)	ORG #/NAME	FUND	ACTIVITY	SUBACTIVITY	OBLIGATED AWARD PERIOD END DATE	AMOUNT $
TO (DEBIT)	ORG #/NAME	FUND	ACTIVITY	SUBACTIVITY	OBLIGATED AWARD PERIOD END DATE	AMOUNT $

For over 90 day cost transfers, check which exception to the Cost Transfer Policy is applicable:

☐ Late issuance of a relevant Action Memo for reasons beyond the control of the requestor. Note: The deadline for submission of cost transfers is 45 calendar days after the issuance of a relevant Action Memo.

☐ Failure of another department to take action (e.g., on a properly submitted payroll distribution change request or service center charges). Departments are required to provide evidence of timely follow-up.

☐ Sponsor requirement dictates the need for the cost transfer (e.g., NIH fellowship stipend adjustments to comply with NIH X-train requirements or sponsor approved the expenses that were previously removed).

☐ A debit to correct a credit to a federal award (only allowable to correct a duplicate credit or to match a submitted FFR or final invoice).

☐ Other extenuating circumstances; please describe:

For all cost transfer requests, regardless of over or under 90 days, except the Late Action Memo exception, please answer the questions below:

1) How was this error or situation discovered? Please include the reason this was originally charged to the incorrect fund.

2) Please specify the transaction being moved and how it directly benefits the federal award(s) it is being moved to.

3) How will this error or situation be prevented from occurring in the future? (Note: This may result in the development of a corrective action plan after further review by the School/Tub and OSP.)

Signatures (please print name)

Note: If the transfer moves charges to another department (or "org"), attach email approval or obtain signature from the other department below.

PREPARER NAME	DATE	SIGNATURE
AUTHORIZED APPROVER NAME FOR UNDER 90 DAYS	DATE	SIGNATURE
AUTHORIZED SCHOOL/TUB NAME LEVEL FOR OVER 90 DAYS	DATE	SIGNATURE
OSP APPROVER NAME FOR OVER 90 DAYS	DATE	SIGNATURE
OTHER DEPARTMENT NAME(S) (IF TRANSFERRING TO ANOTHER ORG)	DATE	SIGNATURE