

Labor/Tuition Cost Transfers Involving Sponsored Funds

- Labor Cost Transfer (Attach Labor Redistribution Worksheet)
 Tuition Cost Transfer Greater Than 90 days or Cross Semesters (Attach BRIO Query)

Date:
To: **Research Administration and Finance, West Hall**
From:

Contact Name and Phone	
Date of Original Charge	
Days Since Original Charge	<input type="checkbox"/> under 90 days <input type="checkbox"/> greater than 90 days
Employee Name and RIN	

	Fund #	PI Name (and) Fund Description/Title
Original Fund		
Receiving Fund		

Explanation for request: _____

Institute procedures state that all cost transfers should be requested within **90 days** of the original expenditure. If this request is **greater than 90 days, provide additional information below.**

<input type="checkbox"/> Transfer of expenditure from original sponsored fund to a non-sponsored fund. <input type="checkbox"/> Transfer of expenditures between fund numbers under the same grant number. <input type="checkbox"/> Transfer of pre-award expenditures that were charged to a non-sponsored fund. The costs are allowable and allocable per the award terms, and were incurred within 90 days before the beginning date of the award. <input type="checkbox"/> Transfer of expenditure charged to a non-sponsored fund while awaiting the fully executed sponsored agreement.
<input type="checkbox"/> Other: For this request to be considered, the following documentation must be attached: <ol style="list-style-type: none"> 1. A detailed explanation. 2. A statement indicating the measures that have been put into place to prevent future late cost transfers.

By authorizing the above, I certify that the cost(s) to be transferred is an appropriate expenditure for the sponsored or non-sponsored fund being charged and the expenditure complies with the terms and conditions governing sponsored funds.			
Authorized Signature: _____			
	Principal Investigator or Designee	Printed Name	Date
Additional Authorization If "Other" was checked above, the Chair's approval must be obtained for this cost transfer request to be considered. _____			
	Chair Signature	Printed Name	Date

To be completed by central administration ONLY

RAF approval: signature/date		LV required <input type="checkbox"/>
Labor redistribution completed by Disbursement Oper./date		