

COST TRANSFER REQUEST
(within the 90 day window)

Instructions: Please provide the information requested below. This can be found in Galaxy using the View Detail Account screen. If the cost to be transferred will move from one project to another project, the request to transfer costs must be approved by the Project Director of both accounts. Once complete, please send this form to the project's primary fiscal representative.

| | |
|---|----------------------|
| Date of Request: | |
| Name/Title Person Requesting Transfer: | |
| Brief Description of Cost to be Transferred: | |
| PO/Contract/Payment on Demand #: | Transaction ID #: |
| Transaction Date: | Amount: |
| From Account # | To Account #: |
| Name of Project: | Name of Project: |
| Project Director: | Project Director: |
| Reason for the Cost Transfer Request: | |
| Does this transfer require prior approval from either funding source? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach prior approval.) | |
| Has back-up documentation, such as Time and Effort Reports, been updated to align with the proposed change? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach.) | |
| Has more than 90 days lapsed since the initial transaction date? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, additional approvals are required. Please consult the Cost Transfer Process. | |

By signing below, the Project Director(s) or their delegate(s) certifies that the cost transferred is an appropriate expenditure for the sponsored project account charged and that the expenditure complies with the terms and restrictions governing that sponsored project account.

Expense Transfer Approved by:

Project Director

Project Director

Signature

Signature

Date

Date