COST TRANSFER REQUEST
(within the 90 day window)

Instructions: Please provide the information below, using information from the View Detail Account screen in Galaxy. If the cost to be transferred will move from one project to another project, the Cost Transfer Request must be approved by the Project Director of both projects. Once complete, please send this form, and the View Detail report from Galaxy, 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? ☐ Yes ☐ 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? ☐ Yes ☐ No (If yes, please attach.)	
Has more than 90 days lapsed since the initial transaction date? ☐ Yes ☐ 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