**UNI Cost Transfer Explanation & Justification Form**

**(Refer to Cost Transfers on Sponsored Project Guide for assistance in completing this form, if necessary)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Prepared by: | | | Phone number: | | Date: |
| Original transaction date: | | | Project end date: | | |
| Transfer from account number: | | | | | |
| Transfer to account number: | | | | | |
| 1. If this is a salary transfer answer the following questions, if not, skip to number 2. | | | | | |
| Who’s salary is being transferred: | | Has this person’s effort been certified for the period in which the transfer occurs? Yes No | | | |
| 2. Was this cost transfer *initiated* within 45 days after the original transaction date?  If no, please explain why. | | | | | |
| 3. Please explain why this cost transfer has not been completed within 90 days of the original transaction date. (Attach any necessary supporting documentation.) | | | | | |
| 4. What action is needed/what steps have been taken to eliminate late cost transfers? | | | | | |
| Principal Investigator or Project Director  Signature: |  | | | DATE: | |
| PHONE: | |
| PI/PD Printed Name: |  | | | | |
| Department Head  Signature: |  | | | DATE: | |
| PHONE: | |
| Department Head  Printed Name: |  | | | | |
| ***By signing above, requestors certify the cost to be transferred is an appropriate expenditure for the sponsored project and the expenditure complies with the terms and restrictions governing the sponsored project****.* | | | | | |
| Request Approved?  YES NO | Unrestricted account number for denied requests: | | | | |
| Why is request denied? |  | | | | |
| Office of Research & Sponsored Programs:  Signature: |  | | | DATE: | |
| Office of Research & Sponsored Program  Printed Name: |  | | | | |