REQUEST FOR COST TRANSFER

Restricted Funds (3XXXXX) Only

Contact Person: _____ Date of Request: _____

Telephone Number: _____

Amount: _____ Date of Original Charge: _____

Description: _____

Move Expense From Fund = Credit Move Expense To Fund = Debit

Fund	Org	Acct	Program	Activity*	Debit	Credit	Banner Reference Number**

***Activity required for 32 and 33 funds only.**

**Fully describe reason for transfer: (i.e. why is it a reasonable charge to a different account?).

**Why was original charge made to wrong account?

**Explanation for delay in making request for cost transfer beyond 90 days.

APPROVALS:

_____

**Principal Investigator:

_____

**Department Head or Director:

****REQUIRED INFORMATION**

Banner Reference Number examples are AP DP #, Partial #, AO-6#, Document # from expense report.

Return completed and approved form to Sponsored Programs Accounting, Mail Stop 9602,437 McArthur.

Need help? Have questions? Call 325-1937

This Form May Be Reproduced For Use By Departments. Revised 6/6/03