

SPONSORED PROJECT COST TRANSFER REQUEST (OP 61.06)

This form is to be completed for cost transfer entries involving a restricted fund (30 or 80 fund)

Required Information

Preparer Name: _____

Date of Request: _____

Department: _____

Original Transaction Date: _____

Entry Information - FOAP

FUND	ORG	ACCT	PROGRAM	ACTIVITY	DEBIT	CREDIT	*ORIGINAL DOC #

- *The ORIGINAL DOCUMENT NUMBER must be included for each cost transferred*
- **Each Charge Must Be Transferred Individually (DO NOT Combine Charges)*
- ***Each Charge Must Be Transferred Using The Original Account Code (Account Code Reclassifications Completed Separately)*

Justification: *The following information must be included as supporting documentation for this cost transfer.

- 1) Complete and detail answers to the questions below
- 2) Detailed Banner ledger or print screen from FGITRND reflecting original charge
- 3) Copy of original receipt(s) or proof of purchase

1. Explain in detail what caused the expense(s) to be charged to an incorrect fund? ('clerical error' w/o explanation is not sufficient)

2. How is this expense(s) an allowable and reasonable cost and directly benefit the fund in which the charge is being transferred?

3. If a partial expense is being transferred, please explain in detail why this charge is being split.

***If the date of request is more than ninety days (90) after the original transaction date, answer the following questions.**

1. What were the extenuating circumstances which prevented this transfer from being processed in a more timely manner?

2. What corrective measures have been taken to prevent this type of delay (over 90 days) from re-occurring in the future?

Approvals (digital signatures accepted)

Principal Investigator Signature

Print Name

Date

Department Head Signature

Print Name

Date

Submit to: Mailstop 9602 or spaccounting@controller.msstate.edu

SPA Approval	Date