

COST TRANSFER REQUEST PAFS-1

Prepared by: _____

Department: _____ Phone: _____

1.) Total Dollar Amount Being Transferred: _____

2.) Original Statement Date: _____

3.) Type of Transfer (check only one):

Error Correction	<input type="checkbox"/>
Pre-Award Costs	<input type="checkbox"/>
Closely Related Accounts	<input type="checkbox"/>
Overrun or Other Unallowable Cost	<input type="checkbox"/>

4.) Type of Account Involved in Transfer (e.g., cost reimbursable, fixed price, fixed rate, program income, escrow, internal, administrative, other):

a.) From (Credit): _____

b.) To (Debit): _____

5.) Explain (be specific) what the charge is for and how it benefits the receiving (debit) account (add additional sheet if necessary):

6.) Explain (be specific) why the expenditure was charged to the incorrect account (add additional sheet if necessary):

7.) If the original expenditure was recorded more than 90 days in the past (see Section 5.1.2), explain why the transfer request is late (add additional sheet if necessary):

I certify that the charge being transferred is allocable to the receiving account.

Account Sponsor Date

Approval if expenditure is more than 90 days in the past (see Section 5.1.2):

Assistant Director, Post Award Financial Services, or Date
Executive Director, Office of Research Services PAFS-1 (10/02)