

TULANE UNIVERSITY COST TRANSFER JUSTIFICATION FORM

Prepared By (Signature/Print Name/Date): _____

Transfer from: _____ **To:** _____
 Account# Account #

Effective Date of retro transfer: _____

If transfer is made within 90 days, answer questions 1, 2 and 3; if over 90 days, answer all 5 questions:

1. Salary transfer? Y/N _____
 a. If Yes, for whom? Name: _____
 b. Has the person named certified effort in ERS for the period in which the transfer occurs? Y/N _____

2. Why was this expense originally charged to the account from which it is now being transferred?

3. Why should this charge be transferred to the proposed receiving sponsored account number?

4. Why is this cost transfer being requested more than 90 days after the occurrence of the date of expenditure? (Attach any necessary supporting documentation)

5. What steps will be taken by you to eliminate future need for cost transfers of this type? Is this action being taken?

Principal Investigator and/or Cognizant Dept. Admin. Signature:		DATE:
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Printed Name and Title:	
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If question 4 is applicable, the following approvals are required:

Principal Investigator Signature:		DATE:
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Printed Name	
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Department Chair Signature:		DATE:
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Printed Name:	
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NOTE: By signing above, requestors certify that the cost to be transferred is an appropriate and allocable expenditure for the sponsored project charged and that the expenditure complies with the terms and restrictions governing that sponsored project.

Research Administration or Grants and Contracts Accounting Approval		DATE:
	Printed Name: _____ G&C Acctg ___ ORA ___	

Request not granted Check: _____		DATE:
	Printed Name: _____ G&C Acctg ___ ORA ___	

Unrestricted account number for disapproved requests: _____