**Texas Woman's University**

**Cost Transfer Request Form**

Date of Request:

Name of Account Manager/PI of account removing charges:

Name of Account Manager/PI of account receiving charges:

Request to transfer cost from account #:       to account #:

Form prepared by:

As outlined in the Texas Woman's University Cost Transfer Policy, this form must be completed when you are requesting to move expenses from the account of original posting to a sponsored project account in order to correct an error or make an adjustment. It is recommended that this form be completed within 30 days of the posting of the error. If the error is not corrected within 90 days of the posting, **Section V** must be completed and the cost transfer authorized by the Office of the Controller.

**Section I. Explanation**

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

1. What makes this expense appropriate to the sponsored project now receiving the expense?

1. Describe the actions being taken to prevent recurrence of the need for cost transfers of this type.

**Section II. Transaction Details**

1. Amount to be transferred:
2. Date error posted to the Budget Managers Detail (BMD):
3. Description of the item to be moved:
4. Name of vendor / individual / employee:
5. Type of Transaction

 [ ]  Payroll Costs

 [ ]  Non-Payroll Costs

 [ ]  Purchasing Card (P-Card)

 Name of P-Card Holder:

 Last 8 digits of P-Card:

[ ]  Purchase Order #
[ ]  Invoice #

[ ]  Interdepartmental Transfer (IDT)

[ ]  Travel

[ ]  Other (     )

**Section III. Attachments**

**Required for ALL Cost Transfer Requests:**

* **Budget Managers Detail** (including the cover page) for the account on which the original expenses posted. Highlight the expense to be transferred.

**As applicable, attach the following and highlight the expense to be transferred:**

* Payroll Summary
* Personnel Transaction Form
* Personnel Activity Report
* Invoice
* P-Card Log
* Correspondence
* Any other documentation related to this cost-transfer

**Section IV. Required Signatures**

I hereby certify that the cost(s) to be transferred is(are) an appropriate expenditure(s) for the sponsored project charged and that the expenditure(s) complies with the terms & restrictions governing that sponsored grant or contract.

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Account Manager/PI of account removing charges: Date

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Account Manager/PI of account receiving charges: Date

This charge has been verified as an allowable expense on the sponsored account receiving the charge by the Office of Research and Sponsored Programs.

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Director, Research & Sponsored Programs Date

**Section V. Complete if cost transfer process exceeds 90 days from the initial posting of the error.**

Provide a detailed explanation of why the cost transfer process exceeded 90 days:

**Additional Signatures**

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Supervisor(s) of PI (account removing charges) Date

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Supervisor(s) of PI (account receiving charges) Date

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Vice Provost for Research, Research & Sponsored Programs Date

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Office of the Controller Date