

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 checked="" 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):

items from the stockroom were mainly used for the Burroughs Wellcome grant in June

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

I simply missed the deadline to change the account number to which it was billed

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

ORS Approval:

Director, PAFS or Executive Director, ORS Date PAFS-1 11/13/15