



## Cost Transfer Justification Form

What is the reason for the cost transfer?

Correction of an erroneously charged expense

Reallocate estimated effort to reflect actual effort

Other:

Original Transaction Date: \_\_\_\_\_

Check one: (**Note:** Use the [Cost Transfer Calculator](#) to calculate the 90 days)

Over 90-day cost transfer

Under 90-day cost transfer

What is the FOAP that the expense **was originally charged to (Please complete below):**

Description (i.e. employee name, A#, pay period, invoice number, requisition number, PO number, vendor name):

Fund (FOAP)	Amount
<b>Total</b>	

What is the FOAP that the expense **is to be transferred to (Please complete below):**

Description (i.e. employee name, A#, pay period, invoice number, requisition number, PO number, vendor name):

Fund (FOAP)	Amount
<b>Total</b>	

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1. How was the error or situation discovered? Please include the reason this was originally charged to the incorrect fund.
2. Please specify the transaction being moved and how it directly benefits the federal award(s) it is being moved to.
3. How will this error or situation be prevented from occurring in the future (**Note:** this may result in the development of a corrective action plan after further review by ORSP)

**PLEASE PRINT:**

\_\_\_\_\_  
Department

\_\_\_\_\_  
Preparer Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Office of Sponsored Programs

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Office of Budget & Planning

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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GCA Office Use Only:

Date Received: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Accountant Signature: \_\_\_\_\_