



Salary and Wages Cost Transfer Form

Last Name	First Name	Employee Number
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Assignment Number	Begin Date	End Date	Earnings Element (Salaried Employees Only):
			Hourly Batch Expenditure Date:
			Hourly Batch Name:

Actual Distributions

Project	Task	Award	Organization	Expenditure Type	Amount	%	Original charges verified (Hourly/Pregen)?

Adjusted Distributions

Project	Task	Award	Organization	Expenditure Type	Amount	%

Reason for the Cost Transfer: _____
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Approvals: This cost transfer must be allowed by sponsor terms and conditions, A-21 requirements and Research Foundation policies. Attach additional back-up documentation as required.

Principal Investigator or Authorized Signature Date

Operations Manager or Designee Date

Additional Campus Signature as Required Date

Input By	
Reviewed By	