**FROM** Award Information

P _____  T _____  A _____

Project End Date: _____

Task End Date: _____

Award End Date: _____

Award Close Date: _____

Payroll Charge Item Date:
(Date charge was paid) _____

Payroll Charge Amount: _____

Full Name: _____

Assignment Number: _____

Payroll Name:  Biweekly _____  SUNY _____

Element Name: _____

Organization: _____

Expenditure Type: _____

**TO** Award Information

P _____  T _____  A _____

Project End Date: _____

Task End Date: _____

Award End Date: _____

Award Close Date: _____

Date charge should have occurred:
(Must be before P/T/A end date): _____

Payroll Charge Amount: _____

Organization: _____

Expenditure Type: _____

| | |
|---|---|
| **Reason For Movement of Payroll Charges from Award to Award:** | _____ |
| Submitted By: _____ | Date: _____ |
| Input By: _____ | Date: _____ |
| Outcome: _____ | |

Revised 10/20/17