



## UT System - Cost Transfer Request Form

Revised: 4.21.2009

Department

Date

Primary Contact

Phone Number

Routing Path: Check the box as the form routes through the appropriate office.

- ☐ Requesting Department ☐ Budget Area (Salary Transfers)  
☐ Grants & Contract Manager ☐ APS (Non-salary Transfers)

**NOTE:** If this request includes salary transfers, complete the necessary Personnel Action Forms (PAF) and attach to this Request Form. Once transfers are approved by the Grants & Contract Manager, the PAFs will be forwarded to the Budget area for processing.

### Account Information:

	Account Number	Account Name
From		
To		

### Transaction Information:

Attach additional transactions to this form

	Date	Description	Amount	DEFINE Doc ID
Salary				
Purchase				
Travel				
Other				

### Justification (mark one):

Explanation of need for Transfer:

- ☐ Clerical or administrative error  
☐ Costs assigned to an incorrect account  
☐ Other

If >90 days since original charge or effort certification, provide explanation for delay:

I certify that this cost transfer complies with the Cost Transfer Policy and the terms and restrictions for the applicable/affected sponsored project.

Signature

Print Name

Grants & Contracts Manager Approval:

Date: