

The University of Vermont
Non-Payroll Cost Transfer Request Form

Sponsored Project Administration

Journal ID:

Original Accounting Date:

Submission Date:

Request Timeliness: Is this request > 90 days after the Accounting Date?

Yes

No

Purchasing Requirement:

Does any portion of this transfer originate from a Purchase Order between \$10,001 - \$25,000?

Yes

No

If Yes, use dropdown to indicate purchasing requirements met (Note: Documentation of the requirement must be attached to the journal in PeopleSoft)

Justification Section: All cost transfer requests must answer questions 1 and 2; cost transfer requests greater than 90 days from the Original Accounting Date must answer all 4 questions. Provide a full explanation for the necessity of processing this cost transfer request by answering the questions below. If warranted, attach additional narrative.

1. Provide a brief explanation of the expense(s) being transferred and why the expense(s) was charged to the original chart string(s).

2. Provide a brief explanation as to why each expense is appropriate and allowable to be transferred onto the proposed chart string(s). If multiple projects are involved, be sure to include project numbers.

3. For cost transfers > 90 days, select the extenuating circumstance from the dropdown box and explain the extenuating situation that caused the delay.

4. For cost transfers > 90 days, describe the corrective action taken that will assist in preventing the extenuation circumstance as outlined in your response to question #3 from recurring in the future.

Department/Academic Unit:

By signing below, the parties are certifying that the cost to be transferred is an appropriate expenditure for the sponsored agreement charged and that the expenditure complies with the terms and restrictions governing the sponsored agreement.

Name

Signature

Date

Preparer:

Department Approver:

Untimely Request Approvals:

This request is to move expenses onto a department chartstring. (If checked, PI signature is not required).

Principal Investigator:

Dean or Designee:

(Optional, if required by unit)

SPA Signature (required when transfer is >90 days)