

## **Sponsored Programs Cost Transfer Request**

A cost transfer request form is used to transfer expenditures to/from a sponsored project when required to align it with the actual benefit received on the project as agreed with the funding agency.

Cost transfer requests can also be used to correct data entry errors and account number errors within the same fund/project.

- In this case you will answer 'yes' to the first question and will not be required to provide a response for questions 2-4.

Cost transfers are to be requested within 90 days of the posted transaction date. If they are submitted after 90 days, you will be required to provide an explanation.

The request must be signed by the project PI/PD and submitted to the assigned Research Administrator (RA) on the project for approval and processing.

- You as the PI/PD will sign and date in the appropriate section and send it to your grant RA so they approve and submit for processing.

Transfers involving payroll transactions may require employees or staff to recertify their Effort Reports (if applicable) and should be attached to the cost transfer request. Typically, any payroll transaction transfers should also include the applicable employer paid taxes and fringe benefit amounts.

Projects should use financial related information such as queries or drill downs to obtain the information needed for the cost transfer request.

It is important to note that inappropriate or poorly documented cost transfers can result in disallowances by funding agencies.

Cost Transfer Request Form:

[CostTransferRequest11.pdf \(csusb.edu\)](#)

**COST TRANSFER REQUEST**

(For transfers to/within a Sponsored Programs project)

Date: \_\_\_\_\_ Fund/Project # (s): \_\_\_\_\_ PI/PD Name: \_\_\_\_\_  
 Requested by: \_\_\_\_\_ Requestor's email: \_\_\_\_\_

A cost transfer is any transfer of expenditures to and from a sponsored project to align it with the actual benefit received on the project. Cost transfers are to be requested within 90 days of the posted transaction date. Transfers involving payroll transactions may require employees or staff to recertify their Effort Reports (if applicable) and should be attached to this request. Typically any payroll transaction transfers should also include the applicable employer paid taxes and fringe benefit amounts. Projects should use financial related information such as queries or drilldowns to obtain the information needed below. This cost transfer request requires the signature of the PI/PD and can be submitted to your assigned Research Administrator (RA) for approval and processing. Inappropriate or poorly documented cost transfers can result in disallowances by funding agencies. *Please note, cost transfers to spend out a project are not allowable. See the procedure for Cost Transfers on Sponsored Projects for further information.*  
**Please transfer expenses between accounts as follows:**

Transaction Posting Date	Amount	Voucher	From Chartfield: (23 digit)	To Chartfield: (23 digit)	Description

- Is this transfer necessary due to an accounting data entry error or due to account number errors within the same fund/project?  
 Yes (skip to certification below)       No (answer questions below and attach an additional sheet if necessary)
- Why was the expense(s) originally charged to the project and why should the expense(s) now be transferred? Please provide a detailed description and justification for this transfer. (*"to correct error" or "to transfer to correct project" are not acceptable as descriptions or justifications.*)  
 \_\_\_\_\_  
 \_\_\_\_\_
- If this cost transfer request is 90 days after the posted transaction date please explain why.  
 \_\_\_\_\_  
 \_\_\_\_\_
- What action will be taken to eliminate the future need for cost transfers of this type?  
 \_\_\_\_\_  
 \_\_\_\_\_

Certification: I certify that the costs being transferred are appropriate, allowable and allocable to the project(s) charged.

_____	_____	<b>UEC USE ONLY:</b> Adjustment Completed: _____ Salary Schedule Adjusted: _____
Signature of PI/PD	Date	
_____	_____	
SPA Approval Signature	Date	