



LATE COST TRANSFER JUSTIFICATION FORM (OVER 90 DAYS)

Instructions

This form is required for cost transfers requested beyond the 90-day time period from the date of the original transaction. Please check the corresponding type of cost transfer (personnel or non-personnel), complete the necessary information for each and answer the statements that follow. If necessary, the ORSP or the UMass Office of the Controller will request additional information or clarification concerning the transfer.

Personnel change

Non-personnel change

Employee Name _____ Journal Entry Submitted by _____
Employee ID# _____ Total Amount of Journal Entry _____

Employee Status: Active Terminated

Explain why the cost is being moved off of the fund where it originally charged.

Explain the basis for moving the cost to the fund where it will now be charged.

Explain why this cost transfer was not requested within 90 days after the posting of the original transaction.

Identify the action taken to eliminate the need for cost transfers of this type in the future.

By requesting this transfer, I certify to the correctness of the cost on the fund to which it will be charged. I understand that, once transferred, the cost cannot be removed to another sponsored project fund. I further certify that the cost is allowable under the terms and conditions of the award to which it will be transferred.

Requestor's signature (Department Administrator): _____

Printed Name _____ Date: _____ Phone: _____

Principal Investigator's signature: _____

Printed Name _____ Date: _____ Phone: _____

Approved by ORSP: _____ Date: _____