

The Rockefeller University – Finance Office Cost Transfer Request – Other than Labor Costs

Please include supporting documentation of the listed expenses to transfer.

Indicate the amount to transfer; information entered under Date, Amount, Description in the FROM section will auto-populate in the TO section.

FROM:							
Project	Task	Award	Exp Type	Org	Date	Amount	Description
					TOTAL		
					101712		_
TO:							
Project	Task	Award	Exp Type	Org	Date	Amount	Description
					TOTAL		
Reason for Transfer:							
Correction of a typing error in entering the PTAEO string							
Allocation of costs that benefit more than one project							
Transfer of pre award costs from a department (university funded) holding account							
Intra-departmental billing for internal services							
OtherOther							
Please prov	∕ide detai	il for the reasor	selected abo	ve and atta	ach a copy of th	ne monthly Sum	mary and Transactional Report, clearly marking
Please provide detail for the reason selected above and attach a copy of the monthly Summary and Transactional Report, clearly marking the expenses to transfer. Note: unpaid outstanding commitments cannot be moved via a cost transfer request.							
IF THE TRANSFER AFFECTS A FEDERAL (CCL or CCN) AWARD YOU MUST ANSWER THE FOLLOWING:							
Is the cost transfer being submitted within 90 days of when the error was discovered?							
NO YES							
If no, provide the detail of the circumstances:							
If the transfer requested is more than 90 days of when the error was discovered, please provide the detail of what corrective action has been taken							
to eliminate the need for this type of cost transfer in the future. Federal guidelines state that cost transfers cannot exceed 90 days from the date of							
when the en							
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		cipal Investigat					nefit to the project:
i ceilliy illa	ı ııı c Uldi	iges illulcated a	are correct all	u 111 0 60313	are allowable	and of direct be	nont to the project.
Name (prin	ted)				Signature		
					_		_
Date				_			

Updated 08/01/2025