



The Rockefeller University – Finance Office
Cost Transfer Request – Salary Source

FROM:

Employee (Last Name, First Name)	Project	Award	Exp Type	Org	Percentage of Total Salary

TO:

Employee (Last Name, First Name)	Project	Award	Exp Type	Org	Percentage of Total Salary

Changes effective as of _____ Through _____ (complete if entering an end date)

Reason for Transfer:

- _____

- Correction of a typing error in entering the PTAE0 string
Transfer of pre award costs from a department (university funded) holding account
Upon thorough review of our records reallocation of salary is requested to better reflect the actual effort for the period
Other (Provide detail)

IF THIS IS A RETROACTIVE TRANSFER AFFECTING A FEDERAL (CCL or CCN) AWARD, COMPLETE THE FOLLOWING:

Is the cost transfer being submitted within 90 days of when the error was discovered?

_____ NO _____ YES

If no please 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 error was discovered.

Is the cost transfer adjusting salary charges for a previously certified effort period?

_____ NO _____ YES (If yes recertification is necessary – you will receive an amended effort report for the individual(s) involved which must be signed and returned to the Finance Office.

Approval by the Principal Investigator / or Head of Department is required :

I certify that the charges indicated are correct and the costs are allowable and of direct benefit to the project:

Name (printed) _____

Signature _____

Date _____