**Wittenberg University**

Grant Fiscal Management Guidelines

**Cost Transfer Request Form**

Please transfer expenses between accounts as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **FROM:**  **Account Number** | **Dollar Amount** | **TO:**  **Account Number** | **Original Transaction Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Why was the expense originally charged to the account from which it is now being transferred?
2. Why should this charge be transferred to the proposed receiving account?
3. If this cost transfer is being requested 90 calendar days after the end of the month following the accounting period of the original transaction, please explain the delay and attach necessary supporting documentation. (Examples of supporting documentation may include: copies of invoices, vendor checks, purchasing card receipts, financial reports)

By signing below, the requestor certifies that the cost transfer complies with the terms and restrictions governing the sponsored grant project.

Requestor’s Signature (Principal Investigator, Budget Manager, or Grant Administrator) Date

Name (please print) Title Phone number

Department Chairperson signature required when requesting a cost transfer for an expense older than 90 days. Provost’s signature required when requesting a cost transfer for an unallowable expense regardless of when the expense was incurred.

Department Chairperson(s) and/or Provost Date

Submit this document to the Business Office.