SUNY RF
The Research Foundation for
The State University of New York

Salary and Wages Cost Transfer Form

Last Name:	First Name:	Employee Number:

Begin Date:	End Date:

ORIGINAL CHARGES

Project	Task	Award	Organization (Dept.)	Expenditure Type	Amount	%
				.		
				.		
				.		
				.		

NEW CHARGES

Project	Task	Award	Organization (Dept.)	Expenditure Type	Amount	%
				.		
				.		
				.		
				.		

Reason for Cost Transfer:

Approvals: This cost transfer must be allowed by sponsor terms and conditions, A-21 requirements and Research Foundation policies. Attach additional back-up documentation as required. RF Grants Management reviews all associated allowable costs to determine if additional changes are required.

Principal Investigator or Authorized Signature Date

Operations Manager or Designee Date

Input By: _____

RF Grants Management Signature Date

Additional Campus Signature as Required Date

Date: _____

Updated August 2026