

Salary and Wages Cost Transfer Form

Last Name:	First Name:	Employee Number:
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Begin Date:	End Date:	Hourly Batch Expenditure Date: <small>(RF Payroll Use Only)</small>	Hourly Batch Name: <small>(RF Payroll Use Only)</small>
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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.

Principal Investigator or Authorized Signature	Date	Operations Manager or Designee	Date	
Additional Campus Signature as Required	Date	Input By: _____	Date: _____	