

FLORDIA A&M UNIVERSITY

COST TRANSFER REQUEST AND EXPLANATION FORM

OMB Uniform Guidance's states that, "Any costs allocable to a particular sponsored agreement under the standards provided in this Circular may not be shifted to other sponsored agreements in order to meet deficiencies caused by overruns or other fund considerations, to avoid restrictions imposed by law or by terms of the sponsored agreement, or for other reasons of convenience." Other federal regulations require cost transfers to be made in a timely manner. Timely is defined as taking place within 90 days of the original occurrence of the cost.

Original Document #:		Original Posting Date:	
Original Project #:	Original Dept. #:	Fund Code:	Program Code:
Proposed Project #:	Dept. #:	Fund Code:	Program Code:
Original Project #:		Proposed Project Number	

All supporting documentation must be attached.

Transfers requested more than 90 days after the original transaction require that the following questions be answered. Please not that cost transfers should never take place more than 60 days after the project end date.

1. Why was this expense originally charged to the FAMU Cost Center Report from which it is now being transferred?

2. Why should this charge be transferred to the proposed receiving FAMU Cost Center?

3. Why is this cost transfer being requested more than 90 days after the occurrence of the original transaction?

4. What action is needed to eliminate future need for cost transfers of this type? Is this action being taken? Provide the name and title of the responsible person(s) to ensure compliance for this action?

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APPROVALS:			
Principal Investigator's Name:		Phone#:	
Principal Investigator's Signature:		Date:	
If the transfer request is between 91 and 120 days after the original transaction, the following additional approval is required:			
Department Chair's Name:		Phone#:	
Department Chair's Signature:		Date:	
If the transfer request is more than 120 days after the original transaction, the following additional approval is required:			
Dean's Name:		Phone#:	
Dean's Signature:		Date:	
Sponsored Program Signature		Date:	