

**UNIVERSITY OF WEST FLORIDA  
COST TRANSFER JUSTIFICATION FORM**

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**Cost is to be transferred:** \_\_\_\_\_ **(from) INDEX/Title:** \_\_\_\_\_

**(to) INDEX/Title:** \_\_\_\_\_

1. I have read and understand the Cost Transfer Guidelines: YES  NO

[Cost Transfer Guidelines](#)

2. The cost to be transferred is a **Payroll Cost**: YES  NO

(If yes, a retroactive personnel action sheet and employee payroll history report must be attached.)

3. The cost to be transferred is a **Non-Payroll Expenditure**: YES  NO

(If yes, the Journal Entry Form must be attached, including all applicable backup documentation) Applicable backup documentation includes but not limited to Journal Ledger (Original Charge) and copy of invoices.

4. Is this request being submitted in a timely manner? YES  NO

(Timely = within 90 calendar days after the end of the month in which the error occurred)

If **NO**, please explain: \_\_\_\_\_  
\_\_\_\_\_

5. Why was this expense originally charged in error? \_\_\_\_\_  
\_\_\_\_\_

6. How does this expense benefit the Sponsored Project now being charged? \_\_\_\_\_  
\_\_\_\_\_

7. Has corrective action been taken to avoid future occurrences of this nature? YES  NO

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Undersigned do hereby certify that the information above is accurate and true.**

(Print Name)

(Signature)

(Date)

(Phone)

Form Completed by: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Director or Chair: \_\_\_\_\_

Dean or Division VP: \_\_\_\_\_

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**Sponsored Research Administration:**

Post-Award Action: Approved:

Denied:

Signature: \_\_\_\_\_

revised 09/03/2018