

Sponsored Programs
Cost Transfer Justification Form (OSP_CTV1)

This form is required when a cost is transferred to or from a sponsored project to reassign any charges. Upload completed form to Workday as support documentation when doing the accounting adjustment or journal entry. **Completed forms must be submitted to the designated OSP [financial research administrator](#) for your college.**

Contact Information

Date: _____

Completed By: _____ Phone: _____

Worktag Information

Original Account Worktag: _____

New Account Worktag(s): _____

Cost Transfer Type

This is a justification for a Payroll Cost Transfer (PAA) ☐ Yes ☐ No

If yes, please provide the employee name: _____

This is a justification for a Non-Payroll Cost Transfer (accounting adjustment, journal entry) ☐ Yes ☐ No

If yes, please provide the transaction number(s): _____

Justification Checklist and Documentation (Please check budget before completing this section.)

Has the item been transferred previously? ☐ Yes ☐ No

If yes, please provide a justification for the additional transfer:

Please explain the reason the expense(s) was originally charged to the incorrect worktag or award.

Please explain how the transfer benefits the award(s) to which it is being moved.

Please explain what action has been taken to eliminate the need for this type of cost transfer in the future (e.g., department will review charges to sponsored project accounts on a monthly basis, risk accounts will be set up, etc.)

Transfer Request

The transfer is being requested (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> More than 90 days after the posting of the transaction** | <input type="checkbox"/> After effort certification* |
| <input type="checkbox"/> Less than 45 days prior to the award end date | <input type="checkbox"/> After the award end date |
| <input type="checkbox"/> None of the above applies (approvals not required) | |

Approvals

Approvals are required unless "None of the above applies" was checked in the above section.

Principal Investigator _____

Chair/Director _____

*Dean/Vice President _____
(required only if effort has been certified)

OSP will submit the form to the AVP or VPR for signature

OSP Authorization (Reviewed by FRA) _____ Reviewed Date _____

**AVP or VPR Signature _____

(required for all transfers more than 90 days after posting of transaction)

This form must be attached in Workday