Office of Research Administration

ORA-02-01: COST TRANSFER REQUEST FORM

The University of Akron's policy on cost transfers, ORA-02-01, applies to all federal and non-federal sponsored projects. All transfers must be submitted within 90 calendar days after the expense(s) is posted to the general ledger within the financial system, but no later than 60 days after the project terminates. For each transfer request, a Cost Transfer Request Form must be submitted to and approved by the Office of Research Administration. Note that once a final Financial Status Report or Final Invoice has been issued to the sponsor, retroactive cost transfers will **not** be permitted, unless the transfer(s) is anticipated as a part of the close out process, or the charge was unallowable.

All requests initiated after the 90 days require a signature of the Dean, Department Chair or Director and will be reviewed by ORA Management to determine if the justification provided is appropriate for the late cost transfer.

Section 1: Transfer Information	
Today's Date:	Name of person making transfer request:
Posted Date:	Journal ID:
Is this a salary transfer? Yes No	Has the effort been certified? Yes No
Employees Name:	EmplId:
Dates of Salary to be transferred:	Percent effort to transfer:
Cost transferred TO Speedtype:	Transaction Amt:
Cost transferred FROM Speedtype:	
Is this transfer 90 days after the posted date? Yes No	

Section 2: Questions
1. Why was this expense charged originally to the speedtype from which it is now being transferred?
2. Why should this charge be transferred to the proposed receiving sponsored project?

3. Why is this cost transfer being requested 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?

Section 3: Authorizations

We certify that the amount requested as a transfer to the project designated above is a proper and allowable charge and that it complies with the terms and restrictions governing the sponsored grant or contract:

Principal Investigator Name: _____ Date: _____

Principal Investigator Signature: _____

Dean, Dept. or Director Name: _____ Date: _____

Dean, Dept. Head or Director Signature: _____

Please select one method to submit this form:

☐   Return completed form via campus mail to: Office of Research Administration   +2102

☐   Return completed form via delivery to: Office of Research Administration, Polsky Suite 284

☐   Email scanned form to your Grant Accountant

Section 4: ORA Authorizations

Grant Accountant Name: _____ Date: _____

Grant Accountant Signature: _____

ORA Authorizing Official Name: _____ Date: _____

ORA Authorizing Official Signature: _____

VPR Name: _____ Date: _____

VPR Signature: _____