



Dept. Transfer # \_\_\_\_\_

**UNIVERSITY OF LOUISVILLE  
SPONSORED PROGRAMS FINANCIAL ADMINISTRATION  
COST TRANSFER JUSTIFICATION FORM**

**Sponsored Programs Financial Administration (SPFA) reserves the right to reject any cost transfers for lack of documentation and/or proper authorization. (All cost transfers require adequate supporting documentation to identify amounts and original dates.)**

1. Why was this expense originally charged to the program/project from which it is now being transferred?
  
  
  
  
  
  
  
  
  
  
2. Why should this charge be transferred to the proposed receiving program/project? (PI should explain how the charge directly relates to the scope of work) (Attach any necessary supporting documentation)
  
  
  
  
  
  
  
  
  
  
3. If applicable, why is this cost transfer being requested more than 90 days after the original date the transaction was recorded? (Attach any necessary supporting documentation)
  
  
  
  
  
  
  
  
  
  
4. What corrective action has been taken to eliminate future need for cost transfers of this type?

Principal Investigator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name, title and phone no.: \_\_\_\_\_

**NOTE: By signing above, requestor certifies that the cost to be transferred is an appropriate expenditure for the sponsored grant or contract charged and that the expenditure complies with the terms and restrictions governing that sponsored grant or contract.**

Dean/Vice President Authorization: \_\_\_\_\_ Date: \_\_\_\_\_  
(required if greater than 90 days)

SPFA Authorization: \_\_\_\_\_ Date \_\_\_\_\_