

UNIVERSITY OF LOUISVILLE FORM FOR INTRA-UNIVERSITY TRANSFERS

(No Checks Will Be Issued From This Form)

Date: ___ / ___ / ___

**Dept. Transfer # _____

******* If Speedtype is a Sponsored Program, The cost transfer justification form must be completed and attached***** If any of the speedtypes are Sponsored Programs, the entry must be sent to Sponsored Programs Financial Administration (SPFA) in Nucleus Building, 300 E. Market Street, Suite 300 for approval.**

CHARGE CONTACT # _____ PRINTED NAME _____

*****ABOVE FIELDS MUST BE COMPLETED*****

SPEED TYPE	ACCOUNT	AMOUNT	AUTHORIZED SIGNATURE & TITLE

DESCRIPTION 30 Characters Maximum) _____

CREDIT CONTACT # _____ PRINTED NAME _____

*****ABOVE FIELDS MUST BE COMPLETED*****

SPEED TYPE	ACCOUNT	AMOUNT	AUTHORIZED SIGNATURE & TITLE

DESCRIPTION 30 Characters (Maximum) _____

Full Description with Backup (CK#, PO#, EJE#, ETC.):

CONTROLLER' OFFICE AUTHORIZATION

****INSTRUCTIONS:** Department initiating transfer **MUST ASSIGN** the Dept. Transfer # consisting of the first four letters of your department plus a three-digit number beginning with 001 and ending at 999 (i.e. Accounting Department: ACCO001).

ROUTING:

- Step 1: Department receiving credits initiates the IUT miniform and mails to department receiving charge.
- Step 2: Department receiving charge will complete the IUT miniform and forward.
- Step 3: Forward to Sponsored Programs Financial Administration (SPFA) if IUT contains a Sponsored Program speedtype. If the IUT contains programs only, forward to Financial Administration.

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 _____