UCPath Salary Cost Transfer

Employee Name:

Employee ID:

Job #

Pay End Date	Earning End Date	Earnings Code	From		To		Earnings Amount to Transfer
			KFS Account	Project ID	KFS Account	Project ID	

Requestor Comments:

Questionnaire (Required when transferring funds related to sponsored research):
Explain how the error occurred and why the transfer is being requested. If partial transfer, explain the basis for proration and/or split.

Who approved the transfer of funds? (e.g. Name of PI, Department CAO)

How does the transfer benefit or impact the new funding source being charged?

Explain the untimeliness if transfer is: > 120 days after original transaction date, and/or > 90 days after the fund end date.

Reason Code:

Comments:

_____   _____
Account Manager / PI Approval   Date

_____   _____
Fiscal Officer   Date