



Non-Labor Departmental Corrections and Cost Transfer Justification Form (Non-AP Transactions)

Non-Labor Departmental Corrections Form (Non-AP Transactions)

Use this form to to redistribute only non-labor grant related charges that cannot be processed by P2P to/from a Sponsored Project.

These transactions require a manual journal entry in EAS via PAB (Pre-approved Batch) and are routed through Remedy for review/approval and processing. The transactions can be found on the Budget Performance Report (BPR) and/or PI Dashboard Report. Some examples are (reclass of: tuition, service center charges, interdepartmental expenses, rent/admin support/system support charged through DDFs, special transactions etc.).

Departmental Corrections Form Instructions:

Fill out the Initiator section. Then complete the FROM section, this information will be taken directly from your BPR (Budget Performance Report) report backup documentation (GL324B, GM139, PI Dashboard, etc.). Once the FROM section is complete, fill out the TO section then move on to the Cost Transfer Justification Form.

Initiator Name:	Date:
Department:	Email:

FROM Transaction Information

Complete the FROM section requirements below, be sure it matches your BPR report (which should be included in your submission)

Account GL: Account/GM: Resource Detail	BPR Date GL: Effective Date/GM: PA Date	Non-Grant/Grant GL: Non-Grant/GM: Grant	Oracle Alias GL: Organization/GM: Project-Task-Award (PTA)	Amount Default is USD Currency
Location Not Currently Used	Foreign Activity Region and Type of Activity (if applicable)	Category/Source GL: Category Source/GM: Resource Category	JE Line Description GL&GM: Vendor Name, Invoice Number, Home Organization Number that is associated with the PTA) when a PTA is impacted	

TO Transaction Information

Enter data for where you want the amounts transferred. You must attach a copy of the original documentation supporting the transaction if any amount is being transferred to a GM PTA.

Account GL: Account/GM: Resource Detail	BPR Date GL/GM: Same as FROM (GL: Effective Date/GM: PA Date)	Grant/Non-Grant GL: Non-Grant/GM: Grant	Oracle Alias GL: Organization/GM: Project-Task-Award (PTA)	Amount Default is USD Currency
Location Not Currently Used	Foreign Activity Region and Type of Activity (if applicable)	Category/Source GL: Category Source/GM: Resource Category	JE Line Description GL&GM: Vendor Name, Invoice Number, Home Organization Number that is associated with the PTA) when a PTA is impacted	

TO Transaction Information (additional as needed)

Account GL: Account/GM: Resource Detail	BPR Date GL/GM: Same as FROM (GL: Effective Date/GM: PA Date)	Grant/Non-Grant GL: Non-Grant/GM: Grant	Oracle Alias GL: Organization/GM: Project-Task-Award (PTA)	Amount Default is USD Currency
Location Not Currently Used	Foreign Activity Region and Type of Activity (if applicable)	Category/Source GL: Category Source/GM: Resource Category	JE Line Description GL&GM: Vendor Name, Invoice Number, Home Organization Number that is associated with the PTA) when a PTA is impacted	



Cost Transfer Justification Form (Sponsored Projects) Non-AP Transactions

Directions: Please provide a detailed response to each question below. Complete questions 1-4 for all cost transfers. Question 5 should be completed for cost transfer's requiring the review of the Controller's office (listed on the [Cost Transfers on Sponsored Agreements policy](#)).

List all impacted PTA's

Section I: Cost Transfer Justification (Complete Questions 1-4 for all Cost Transfers)

1. Please explain why the expenditure should be transferred to or from the award that it is being charged to. (also include if only correcting expenditure type within same award).

2. How was the error discovered?

3. Explain what corrective action will be taken to eliminate the need for a cost transfer of this type in the future.

4. Has the award ended and a final financial report/invoice been completed?

Check one: Yes or No If Yes, enter Award Close Date:

Section I Approvals: By approving this DCF you are certifying that the cost to be transferred is an appropriate expenditure and the expenditure complies with the terms and restrictions governing GW policies for [Cost Transfer](#) and [Financial Transactions](#)

School/Dept/Center _____
Signature and Date

Additional Approver _____
Signature and Date

Section II: Cost Transfer Justification per Policy: (Question 5 should be completed for cost transfer's requiring the review of the Controller's Office)

5. If the cost transfer is being processed (a) more than 90 days after posting (b) after a final financial report/invoice has been completed (c) if there is a cost overrun on the sponsored project, please clearly explain the reason for the cost transfer and what steps will be taken to prevent this in the future.

Approvals: By signing below you are certifying that the cost to be transferred is an appropriate expenditure and the expenditure complies with the terms and restrictions governing GW policies for [Cost Transfer](#) and [Financial Transactions](#)

Principal Investigator _____
Signature and Date

GCAS SPFA _____
Signature and Date

Pod Manager _____
Signature and Date

University Controller _____
Signature and Date