

**COST TRANSFER JUSTIFICATION FORM - LABOR**

This form is required to be filled out when requesting a labor redistribution to or from a sponsored project for a closed/locked effort cycle.

Please see the [Cost Transfers on Sponsored Agreements Policy](#) or the [GCAS Website](#) for more information.

Initiator Name:	Email:	Date:
Employee Name:	Effort Cycle:	Pay Period(s):

**Directions** – Please provide a detailed response to each question; attach additional pages, if necessary

1. If moving labor to or from a Sponsored Project, please explain why the expenditure(s) should be transferred (also include if changing expenditure type within same award). Include Award Number(s) that are impacted:

2. How was the error discovered?

3. Has the award ended and a final financial report been completed? Check one: **Yes** or **No**

4. Explain why the cost transfer is being requested after the effort reporting cycle has closed, and what corrective action will be taken to eliminate the need for a cost transfer of this type in the future?

**APPROVALS**

*By signing below you are certifying that the cost to be transferred is an appropriate expenditure for the sponsored project charged and the expenditure complies with the terms and restrictions governing that sponsored project. (Electronic signature is preferred.)*

**Organizational Official**

Signature and Date

**POD Manager**

*(or Designee)*

Signature and Date

**Principal Investigator**

Signature and Date

**GCAS SPFA**

Signature and Date

**Additional Approver/RSC**

*(if required by school/division)*

Signature and Date

**University Controller**

*(or Designee)*

Signature and Date