



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). Please 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** If Yes, enter Award Close Date:
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.

School/Dept/Center <small>(or Designee)</small>	Signature and Date	Pod Manager <small>(or Designee/Equivalent)</small>	Signature and Date
Organizational Official	Signature and Date	GCAS SPFA	Signature and Date
Principal Investigator	Signature and Date	University Controller <small>(or Designee)</small>	Signature and Date
Additional Approver <small>(if required by school/division)</small>	Signature and Date		