



Sponsored Projects Departmental Corrections & Cost Transfer Justification Form

Sponsored Projects Departmental Corrections Form

This form is used to redistribute **non-labor grant related charges, to/from a Sponsored Project**. These transactions can be found on the Budget Performance and/or PI Dashboard Report's. Instructions for this form can be found on the [Procure-to-Pay web-page](#). Use only one invoice per form and sum up multiple transaction lines if one account number is used.
Once signature's are obtained, please submit this form via the [Invoice Submission](#) page on the Procure-to-Pay website.

****Note: Page 3 and up are not needed unless you have additional transactions (please delete if not needed)****

Initiator Name:	Email:	Date:
Department:	Phone:	

Section I: Sponsored Projects Transaction Information

FROM: For GL transactions, attach the BPR report and for GM transactions, attach the BPR or PI Dashboard report's. Highlight the charge/credit being re-distributed. The following data must be transcribed from your BPR or PI Dashboard report. Please remember to use one invoice per form.

GL	Account	AP Detail (Vendor + Invoice) & JE Desc		Category/Source	Effective Date	Org & Funding Source	JE Line Desc	Amount
GL	Account	AP Detail (Vendor + Invoice) & JE Desc		Category/Source	Effective Date	Org & Funding Source	JE Line Desc	Amount
GM	Account	Project-Task-Award	Home Org	PA Date (Posted)	Exp Item Date	Transaction Detail (Vendor + Invoice)		Amount
GM	Account	Project-Task-Award	Home Org	PA Date (Posted)	Exp Item Date	Transaction Detail (Vendor + Invoice)		Amount

TO: Enter data for where you want the amounts transferred. You must attach a copy of the original documentation supporting the transaction.

GL	Account	AP Detail (Vendor + Invoice) & JE Desc		Category/Source	Effective Date	Org & Funding Source	JE Line Desc	Amount
GL	Account	AP Detail (Vendor + Invoice) & JE Desc		Category/Source	Effective Date	Org & Funding Source	JE Line Desc	Amount
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GM	Account	Project-Task-Award	Home Org	PA Date (Posted)	Exp Item Date	Transaction Detail (Vendor + Invoice)		Amount
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Sponsored Projects Cost Transfer Justification Form

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).

Section II: Cost Transfer Justification

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:*
(and complete Section III)

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](#)*

School/Dept/Center
(or Designee)

Signature and Date

Additional Approver
(if required by school)

Signature and Date

Section III: Cost Transfer Justification per Policy:

Question 5 should be completed for cost transfer's requiring the review of the Controller's Office

5. Explain why the cost transfer is being requested more than 90 days after posting. If a final financial report/invoice has been completed, explain the reason for the cost transfer. 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
(or Designee/Equivalent)

Signature and Date

University Controller
(or Designee)

Signature and Date



**Sponsored Projects Departmental Corrections
& Cost Transfer Justification Form**

Sponsored Projects Departmental Corrections Form Additional Transactions

Please use this additional transaction page as needed, it should only be submitted along with the original page

TO: Enter data for where you want the amounts transferred (continued from first page). You must attach a copy of the original documentation supporting the transaction.

GL	Account	AP Detail (Vendor + Invoice) & JE Desc	Category/Source	Effective Date	Org & Funding Source	JE Line Desc	Amount
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GL	Account	AP Detail (Vendor + Invoice) & JE Desc	Category/Source	Effective Date	Org & Funding Source	JE Line Desc	Amount
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GL	Account	AP Detail (Vendor + Invoice) & JE Desc	Category/Source	Effective Date	Org & Funding Source	JE Line Desc	Amount
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GL	Account	AP Detail (Vendor + Invoice) & JE Desc	Category/Source	Effective Date	Org & Funding Source	JE Line Desc	Amount
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GL	Account	AP Detail (Vendor + Invoice) & JE Desc	Category/Source	Effective Date	Org & Funding Source	JE Line Desc	Amount
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GM	Account	Project-Task-Award	Home Org	PA Date (Posted)	Exp Item Date	Transaction Detail (Vendor + Invoice)	Amount
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