UNIVERSITY OF MASSACHUSETTS LOWELL  
Office of Research Administration  
Sponsored Projects Cost Transfer Form

PI Name ___________________________________ Telephone: ___________ E-Mail: __________________

<table>
<thead>
<tr>
<th>COST TRANSFERRED FROM:</th>
<th>COST TRANSFERRED TO: Sponsor: ____________________________</th>
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<tbody>
<tr>
<td>Project / Dept #:</td>
<td>Project #:</td>
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Payroll - [ ] Non Payroll - [ ]  
For Payroll Transfers list names & amounts:

Total Direct $$ transfer: $__________ See Page 2 for details (HR query or excel version of GL/GM 7062 & include PDF)

Note: Payroll cost transfers require special treatment if made after effort certification for the period in question has been accomplished, a revised effort certification form may need to be completed by the affected employee/PI.

Purpose of transfer (please provide a thorough explanation that addresses all of the following):

- Allocable to the award - provides a benefit to the project grant
- Allowable to the award - is a permissible expense under the sponsor’s guidelines or rules
- Reason - for transfer (“charged to incorrect project” or “to spend out project funds” are not acceptable)
- The reason for any delay in the timely processing of the transfer (more than 90 days)
- A statement that the systemic causes have been corrected so they will not recur (“Employee contract resubmitted with corrected project number”; “Staff given new year project number for timesheets.”)

Please attach the project reports with the specific expenses that are requested for transfer. If this transfer request is more than 90 days after the original charge, also include the specific reason for the lateness of the request and corrective action.

I certify that the cost to be transferred is an appropriate expenditure for the sponsored grant or contract charged and that the expenditure complies with the terms and restrictions governing that sponsored grant or project:

PI Signature ___________________________ Date ___________________________

ORA Financial Administrator ___________________________ Date ___________________________