



## Salary and Wages Cost Transfer Form

Salary

Pay Periods\*

*\*based on begin date & end Date*

Last Name:	First Name:	Employee Number:
Begin Date:	End Date:	Hourly Batch Expenditure Date: <small>(RF Payroll Use Only)</small>
		Hourly Batch Name: <small>(RF Payroll Use Only)</small>

**ORIGINAL CHARGES**

Project	Task	Award	Organization (Dept.)	Expenditure Type	Amount	%

Total

**NEW CHARGES**

Project	Task	Award	Organization (Dept.)	Expenditure Type	Amount	%

Total

Reason for Cost Transfer:

**Approvals: This cost transfer must be allowed by sponsor terms and conditions, A-21 requirements and Research Foundation policies.**

\_\_\_\_\_  
Principal Investigator or Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Accounting Office Signature

\_\_\_\_\_  
Date