

# Buffalo State OTPS Cost Transfer/Correction Request Form

Transfer

Correction

Write Off

**TRANSACTION DETAILS** (All sections of this request must be completed)

Creation Date	Employee/Vendor Name	Transfer Off P-T-A	Expenditure Type	PO/Incident Number	Invoice Number	Amount	P-T-A to be moved TO
<b>Grand Total:</b>							

**JUSTIFICATION**

1. Describe the items to be transferred and why transactions are being moved to another account/expenditure type. How are transactions allocable to new account?

2. Why are transfers being requested 90 or more days after creation date?

<b>REQUESTED BY:</b> DEPT. Grants Mgmt	Print Name	Signature	Date
<b>PREPARED BY:</b>	Print Name	Signature	Date

**APPROVALS**

I (We) certify that the cost transfer is an appropriate expenditure for the sponsored program or contract and that the expenditure complies with the terms and restrictions governing that sponsored program or contract.

<b>REQUESTED BY:</b> PI ("From" Account)	Print Name	Signature	Date
PI ("To" Account if different from above)	Print Name	Signature	Date
<b>REQUESTED BY:</b> Grants Manager	Print Name	Signature	Date
<b>AUTHORIZED BY:</b> Director Grants Management	Print Name	Signature	Date
<b>OM/Deputy OM</b> (≥90 Days Only)	Print Name	Signature	Date