



Request Date	Prepared By	Email	Telephone	Department/Center
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SECTION 1 COST IDENTIFICATION *(to be completed by requesting Department/Center)*

Transfer cost TO		Transfer cost FROM		Is cost in excess of 90 days? <input type="checkbox"/> N <input type="checkbox"/> Y (If yes, must complete 2A)	
Org Key	Object Code	Org Key	Object Code	Pay Period Ending	Employee Name
Number and Type of Hours to be Adjusted					
Regular	POT	ROT	Vacation	Sick	Holiday

Transfer cost TO		Transfer cost FROM		Is cost in excess of 90 days? <input type="checkbox"/> N <input type="checkbox"/> Y (If yes, must complete 2A)	
Org Key	Object Code	Org Key	Object Code	Pay Period Ending	Employee Name
Number and Type of Hours to be Adjusted					
Regular	POT	ROT	Vacation	Sick	Holiday

SECTION 2 COST TRANSFER JUSTIFICATION *(to be completed by requesting Department/Center)*

Why was the cost(s) not originally charged to the correct project? *(Provide an explanation for each cost listed.)*

How does the cost directly benefit the project to which it is being charged/transferred? *(Provide an explanation for each cost listed.)*

SECTION 2A EXCEPTION REQUEST FOR LATE COST TRANSFER REQUEST (+90 DAYS AFTER COST POSTED)

Why was the error not identified and corrected in a timely manner?

How was the error identified, and what steps are being taken to prevent this from recurring?

I certify that the statements above are correct and the cost(s) requested for transfer is/are compliant with the terms and conditions governing the sponsored project and with Cal Poly Corporation and CPSU policies.

Principal Investigator Printed Name	Principal Investigator Signature	Date
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Required for cost transfer requests in excess of 90 days

Department Chair/Dean Printed Name	Department Chair/Dean Signature	Date
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CPC Internal Approval

Sponsored Programs Analyst Printed Name	Sponsored Programs Analyst Signature	Date
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