**Mount Sinai School of Medicine Cost Transfer Request**

To: Sponsored Projects Accounting From: - Principal Investigator

- Designated Grant Financial Administrator

Date of Request: Transfer Request:

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Date of Original Charge: PO# / CR# / TV# / REF # from General Ledger (non-salary):

HRTS Transaction # (salary):

Amount of original charge: $

Justification: The transaction reflects \_\_\_\_\_\_\_\_ actual effort effective X/X/XX. The effort and related charges are within the committed budget for the project.

(See Documentation Standards in the Cost Transfer Policy. Also see examples in Appendix 1 of Cost Transfer Policy).

Certification of Principal Investigator and designated Grant Financial Administrator: We have first hand knowledge as to the accuracy of this cost transfer and have authority to certify this request, the costs being moved to the project identified above are directly related to the project scope, allowable by the project budget, and have been incurred in a timely manner to benefit project activities.

Principal Investigator Signature:

Grant Financial Administrator Signature:

Sponsored Projects Accounting:

\*Approval:

Date:

\* When this form is attached to a HRTS transaction, approval of the transaction includes the approval of the cost transfer request by Sponsored Projects Accounting.