



Form 1305 FR.17
GSPS Cost Transfer

Revised 6/27/2017

Requester Information			
Requester Name (Last, First):			
Department:			
Phone:		Date:	
Email:			

Graduate Change Information	
Graduate Student Name (Last, First):	
Graduate Student Assignment #:	
UPI #:	
Earnings Element:	

Actual Distributions				Adjustments	
Date To	Date From	Charging Instructions	Amount	Charging Instructions	Amount

What is the Primary Reason for the Cost Transfer?		
<input type="checkbox"/> A. Charged to incorrect account (including Transposition error)	<input type="checkbox"/> D. Intra/Inter-Departmental billing for internal service	<input type="checkbox"/> G. Due to a regulatory hold (COI, IACUC, HRPP)
<input type="checkbox"/> B. Clearing costs to non-sponsored account	<input type="checkbox"/> E. Transfer pre-Award costs from a department account	<input type="checkbox"/> H. Transfer costs from a labor default account
<input type="checkbox"/> C. Allocation of costs that benefit more than one project	<input type="checkbox"/> F. Late Award (received NOA late from awarding agency)	<input type="checkbox"/> I. Reallocate estimated effort to reflect actual effort

Is any line of the transfer greater than 90 days? Yes No

Explanation: Provide an explanation for the error and how it occurred. (e.g., transposition error). If any of the charges being transferred are over 90 days; explain the unusual circumstance that prevented the timely review, correction, and submission of the error.

Benefit: What is the benefit to the receiving award?

Approver Information			
Dept. Approver:		Dept. Phone:	
Name (PI):		Dept. Email:	
Organization:		Position:	
		Date:	

I confirm, to the best of my knowledge that the cost transfer does not a) involve a change to a previously certified effort report, or b) include a transaction that is being submitted more than 90 days from the end of the calendar month in which the transaction appeared on an award, or c) include charges to a Federal or Federal Pass-Through award with total net debits exceeding \$2,500. Further, I understand that any cost transfer that meets any one of the aforementioned criteria must be submitted to OSP for review and approval.	
Dept. Approver Name:	
Signature:	Date:

Contacts

Cost Transfer Justification or documentation questions – please contact your OSP accountant.
Student-related questions – please contact the Director, Graduate School Financial Aid at gradfinaid@yale.edu