

**Use for GRANT or MATCH ONLY**  
**REALLOCATION REQUEST - For BENEFITS ONLY**

EMPLOYEE NAME: \_\_\_\_\_ T# \_\_\_\_\_

EMPLOYEE TYPE: Full Time:  Part Time:  GA:  Adjunct:  Student:

Payroll Month/Year of expenses to be reallocated: \_\_\_\_\_  
(MM/YYYY)

**Amount to be reallocated:**

**Other retirement codes (if needed):**

Retirement 62105:	\$ _____	62110	\$ _____	62210	\$ _____
FICA 62300:	\$ _____	62001	\$ _____	62220	\$ _____
Medicare 62400:	\$ _____	62003	\$ _____	62222	\$ _____
Insurance 62500:	\$ _____	62002	\$ _____	62221	\$ _____
		62005	\$ _____	62200	\$ _____

**FOAPAL to charge expense  
(move the expense to this account)**

**FOAPAL from which to move expense  
(take the expense charge from this account)**

Index: _____	Index: _____
Fund: _____	Fund: _____
Org: _____	Org: _____
Account: _____	Account: _____
Program: _____	Program: _____
Activity: _____	Activity: _____

**\*\*What action is being taken to eliminate future need for cost transfers of this type?**

Preparer's name and position: \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Principal Investigator's Name and Phone #: \_\_\_\_\_ Phone \_\_\_\_\_

Principal Investigator's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**IF the transfer is less than 90 days, you may stop here. IF the transfer is more than 90 days, you must answer the additional question below and get the following additional approval:**

**\*\*Why is this cost transfer being requested more than 90 days after the occurrence of the original transaction?**

Chair's/Dean's Name and Phone #: \_\_\_\_\_ Phone \_\_\_\_\_

Chair's/Dean's Signature: \_\_\_\_\_ Date \_\_\_\_\_

NOTE: By signing **above** you are certifying that the cost to be transferred is an appropriate expenditure for the sponsored grant or contract sponsored grant or contract charges and that the expenditure complies with the terms and restrictions governing that sponsored grant or contract.

Approved by Grant Accounting \_\_\_\_\_ Date \_\_\_\_\_