

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

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

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

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

Amount of Labor to be reallocated: \$ \_\_\_\_\_

**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 charges and that the expenditure complies with the terms and restrictions governing that sponsored grant or contract.

\_\_\_\_\_

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