



Non Labor Cost Transfer Justification Form

Non Labor Cost Transfer Justification Form (Sponsored Projects)

Directions: Please provide a detailed response to each question below. Complete questions 1-4 for all cost transfers. Question 5 should be completed for cost transfer's requiring the review of the Controller's office (listed on the [Cost Transfers on Sponsored Agreements](#) policy).

Section II: Cost Transfer Justification Please indicate Award Number(s) that are impacted:

1. Please explain why the expenditure should be transferred to or from the award that it is being charged to (also include if only correcting expenditure type within same award)

2. How was the error discovered?

3. Explain what corrective action will be taken to eliminate the need for a cost transfer of this type in the future.

4. Has the award ended and a final financial report/invoice been completed? Check one: Yes or No If Yes, enter Award Close Date: _____
(and complete Section III)

Approvals: By signing below you are certifying that the cost to be transferred is an appropriate expenditure and the expenditure complies with the terms and restrictions governing GW policies for [Cost Transfer](#) and [Financial Transactions](#)

School/Dept/Center _____
(or Designee) Signature and Date

Additional Approver _____
(if required by school) Signature and Date

Section III: Cost Transfer Justification per Policy:

Question 5 should be completed for cost transfer's requiring the review of the Controller's Office

5. If the cost transfer is being processed (a) more than 90 days after posting (b) after a final financial report/invoice has been completed (c) if there is a cost overrun on the sponsored project, please clearly explain the reason for the cost transfer and what steps will be taken to prevent this in the future.

Approvals: By signing below you are certifying that the cost to be transferred is an appropriate expenditure and the expenditure complies with the terms and restrictions governing GW policies for [Cost Transfer](#) and [Financial Transactions](#)

Principal Investigator _____
Signature and Date

GCAS SPFA _____
Signature and Date

Pod Manager _____
(or Designee/Equivalent) Signature and Date

University Controller _____
(or Designee) Signature and Date