Rev 2024

RESEARCH/SPONSORED PROJECT COST REALLOCATION FORM

(Reference: POLICY: Cost Reallocations for Research and Sponsored Program Indexes)

COST REALLOCATION REQUIRED INFORMATION FOR RESEARCH & SPONSORED PROJECT INDEXES (check each box to indicate completion):

☐ Complete this form to move existing costs to a research/sponsored project index or between two or more research/sponsored project indexes: (1) Complete charge and credit information, including the six digit Index code and the five digit account code; (2) Provide the cost description as currently indicated in Banner; (3) Include any additional information to reference the transaction if applicable (e.g. purchase order number, employee LIN); (4) Enter the amount of the transaction; (5) Obtain the signature of the Financial Manager or Authorized Signer for the Index being charged.

☐ Attach a copy of the Banner form or Desktop Finance transaction report showing the existing expense on the current index.

☐ Attach a copy of the completed Research/Sponsored Project Index Reallocation Justification Form

☐ Forward all documents to the Office of Research and Sponsored Programs for review and approval.

	Index and Account Code		COST DESCRIPTION (as listed in Banner)		PURCHASE ORDER # or LIN (if applicable)		AMOUNT
1. CHARGE:	-						
CREDIT:	-						
2. CHARGE:	-						
CREDIT:	-						
3. CHARGE:	-						
CREDIT:	-						
4. CHARGE:	-						
CREDIT:	-						
5. CHARGE:	-						
CREDIT:	-						

I request the above cost reallocation(s) be made, and certify: the costs to be transferred are appropriate expenditures for the research/sponsored project charged; the expenditures comply with the terms and conditions governing that research or sponsored project; and if I am not the Financial Manager for the index to be charged, I am a designated Authorized Signer for that index.

_____
Financial Manager or Authorized Signer Date

Prepared by: _____
Name Department Date

FOR OFFICE OF RESEARCH AND SPONSORED PROGRAMS USE:	**FOR RESEARCH ACCOUNTING USE:**
Approved:_____ Contract and Grant Specialist Date	Approved:_____ Name Date