

Salary and Wages Cost Transfer Form

The State University of New York Last Name					First Name					ovoc Numb			
Last Name					ii si maine				Empl	oyee Number			
			EDOM			Γ				TO			
Desirat	To als	A 1	FROM Start Data	End Data	A	Danasat	Project Task Award Start Date End Date Amount Po						
Project	Task	Award	Start Date	End Date	Amount	Percent	Project	Task	Award	Start Date	End Date	Amount	Percent
All transfers red Why was the ex Cost transfers red Why is the cost	pense origin	nally charged	to the account					ge belong to	the proposed	receiving acco	unt?		
What action wil	l ho takan t	o oliminoto tl	no futuro mod	for any trongfor	we of this type?	Is action hai	ng takan?						
what action wil	i be taken t	o cimimate ti	e tuture need	tor cost transici	s of this type.	is action bei	iig takeii.						
Approvals: This	s cost transf	er must be allo	owed by sponso	r terms and cond	litions, Uniform	Guidance req	uirements and R	Research Foun	ndation policie	es. Attach addit	ional back-up do	ocumentation as	required.
Principal Investiga	ntor/Authori	zed Signatory	("From" accoun	nt)	D	ate	\overline{G}	rants Manage	er			Date	_
Principal Investiga	tor/Authori	zed Signatory	("To" account i	if different from	above) D	ate	${A}$	dditional Car	npus Signature	e as Required		Date	_