SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH
COST TRANSFER EXPLANATION & JUSTIFICATION FORM

PI: _____ **SIBCR PROJECT:** _____

DATE: _____

If transfer is made within 90 days, answer questions 1 and 2; if over 90 days, answer all 4 questions

1. Why was this expense originally charged to the account from which it is now being transferred? (indicate SIBCR project number and amount to be transferred)

2. Why should this charge be transferred to the proposed receiving federal account? (indicate SIBCR project number and amount to be transferred)

3. Why is this cost transfer being requested more than 90 days after the date of the original charge? (Attach any necessary supporting documentation)

4. What action is needed to eliminate future need for cost transfers of this type? Is this action being taken?

Requestor's signature: _____ (Principal Investigator or cognizant administrator)

Printed name, title and phone no.:_____Date_____

NOTE: By signing above, requestor certifies that the cost to be transferred is an appropriate expenditure for the sponsored grant or contract charged and that the expenditure complies with the terms and restrictions governing that sponsored grant or contract.

If question 3 is applicable, the following approvals are required:

SIBCR Executive Director: _____Date:_____
(or designee)

SIBCR Controller: _____Date:_____

Printed name, title and phone no._____