## **CREIGHTON UNIVERSITY**

## COST TRANSFER/SALARY RECERTIFICATION REQUEST FORM

This form is used to correct salary distibution after a PAR (Personnel Activity Report) has been certified once and/or correct charges over 90 days old which have been posted to a Sponsored Program Account.

Please complete this form accurately and in its entirety and enclose all necessary supporting documentation.

WHICH TYPE OF COST TRANSFER IS REQUESTED?

	Salary Recertification (Complete Section	A) Cost Transfer over 90 days (Co	omplete Section B)
Α.	IF TRANFER IS A RESULT OF A SALARY RECERTIFICATION		
	• Justification supporting the necessity of the tra	ansfer:	
•	A detailed explanation of what caused the error <u>and how it was discovered</u> . An explanation that states to "correct a clerical error" or "transfer to correct grant or contract" is not sufficient:		
B. IF TRANSFER IS IN EXCESS OF 90 DAYS OF THE ORIGINAL TRANSACTION DATE			
<ul> <li>Describe the extenuating circumstance for the delay in processing the adjustment:</li> </ul>			
	Identify the controls that will be implemented or what action has been taken to ensure the error does not occur again:		
A T ITT	LIODIZ ATION OF TRANSFER Dringing I Investiga	ator's signature is required. Two signatures	ave required if the funds have
	HORIZATION OF TRANSFER. Principal Investiga different Principal Investigators.	ator's signature is required. I wo signatures	are required if the funds have
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P	rincipal Investigator Signature	Print name	Date
P	rincipal Investigator Signature	Print name	Date
Administrator			ate
Dept. Chair		Da	nte
AVP of Research			ate
Accounting Svcs			ate

Form Revised: June 2015