

## COST TRANSFER CHECKLIST

### Contracts and Grants Accounting Services

DATE \_\_\_\_\_

	<input type="checkbox"/> Fed <input type="checkbox"/> non-Fed		<input type="checkbox"/> Fed <input type="checkbox"/> non-Fed	
	ORG # Charged	EO	ORG # Refunded	EO
Org Number				
Fund Type				
Awarding Agency Name				
Project Beginning Date				
Project Expiration Date				
Salary OPS Budget Balance Amount				
Total Transfer Cost Amount				
Balance Sufficient for Transfer	<input type="checkbox"/> Yes <input type="checkbox"/> No			
# of Days from Original Transaction Date (Count from the day document was clocked in)				
Beg. Date of Dates Covered      Date Clocked in at C&G _____				
Activity Report Term (semester and year)				
Activity Report Due	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Transfer Signed by P. I. or Department Head	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Justification Submitted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Appropriate Documents Submitted	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Transfer Form Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No			
This is CAS Compliant	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Final Invoice/ Report Submitted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
This Requires 120 Days or 45 Day	<input type="checkbox"/> Yes <input type="checkbox"/> No			

If there is a problem or you need assistance, please call Contracts and Grants at (352) 392-1235.

APPROVE     DISAPPROVE  \_\_\_\_\_ DATE \_\_\_\_\_  
Initiating Grants Person

APPROVE     DISAPPROVE  \_\_\_\_\_ DATE \_\_\_\_\_  
Quality Control