

# Michigan State University

## Cost Transfer Request Form

This form must be completed and attached to all transfer requests which are over 90 calendar days and charging a federally or state funded restricted (RC) account. For additional information regarding cost transfers, please see CGA's website at [Cost Transfer Information](#).

### Expense Type:

Please check all that apply.

Personnel

Non-personnel

### Transfer Information:

Date of Expense	Reference Number	Account From	Account To	Transfer Amount*

Please provide an explanation how the expense supports the account being charged (business purpose). \*If the transfer is a partial amount, please also provide an explanation for the how the allocation was determined.

Please note that CGA may request additional documentation for some high risk situations such as: RC to RC account transfers, transfers near the end of an award, etc.

### Reason for Cost Transfer Request:

Incorrect account number charged initially

RC account number recently assigned or modified (*If within 60 calendar days of assignment or modification, skip following question*)

Other extenuating circumstance:

Please provide an explanation for the delay in processing the expense:

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**P.I. Signature**

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**Date**

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**Chair/Director Signature** (required if transfer greater than \$10,000)

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**Date**

For questions regarding this form, please contact CGA's Transactions Group at [transactions@cga.msu.edu](mailto:transactions@cga.msu.edu)