

ROUTING SLIP		COST TRANSFER#				
To: Colin Fitzgerald Phone #:(212) 263-0594		Location: Greenberg Hall SC1-129				
From: Department		Location:				
Administrator Name:		Email:				
PI Name:		Email:				
Additional Comments / Info						
FOR FINANCE USE ONLY						
Approval Needed		Approved	Rejected			
<input type="checkbox"/>	FA 1	<input type="checkbox"/> ___/___/___	<input type="checkbox"/> ___/___/___			
<input type="checkbox"/>	FA 2	<input type="checkbox"/> ___/___/___	<input type="checkbox"/> ___/___/___			
<input type="checkbox"/>	FA 3	<input type="checkbox"/> ___/___/___	<input type="checkbox"/> ___/___/___			
<input type="checkbox"/>	SL	<input type="checkbox"/> ___/___/___	<input type="checkbox"/> ___/___/___			
<input type="checkbox"/>	TM	<input type="checkbox"/> ___/___/___	<input type="checkbox"/> ___/___/___			
<input type="checkbox"/>	KG	<input type="checkbox"/> ___/___/___	<input type="checkbox"/> ___/___/___			
Rejection Reasons						
FA1	FA2	FA3	SL	TM	KG	
						Identify the Employee ID
						Add a description of the item
						Add the date of the original charge
						Add the amount of the original charge
						Add the same chartfield to or same chartfield from
						Why the original fund/org/program/project was charged
						Why we are transferring the charge
						Why we are charging the proposed fund/org/program/project
						Why was the error discovered late (Over 90 days)
						Why are we making the transfer now
						Add what processes have been implemented to prevent this type of error from happening in the future
						Add Organization Budget Report(s) as supporting documentation
						Obtain additional approvals see additional comments
						Add justification for why we are charging the proposed project
						See additional comments
Additional Comments						