



THE UNIVERSITY of TEXAS

HEALTH SCIENCE CENTER AT HOUSTON

COST TRANSFER REQUEST

DATE OF REQUEST: NOTE - TRANSFERS WILL NOT BE PROCESSED LATER THAN 60 DAYS AFTER THE END OF THE MONTH IN WHICH THE EXPENSE ORIGINALLY WAS INCURRED.	
TRANSFER COSTS FROM ACCOUNT #:	
TRANSFER COSTS TO ACCOUNT #:	
TOTAL AMOUNT: IF THIS IS RELATED TO A PERSONNEL ACTION, PROVIDE TOTAL AMOUNT OF SALARY EXPENSE TO BE TRANSFERRED. UNLESS NOTED, IT WILL BE ASSUMED THAT FRINGES WILL BE TRANSFERRED ALSO.	
CALCULATION OF AMOUNT: IF RELATED TO A PAYROLL EXPENSE, INCLUDE RATE PER PAY PERIOD X FTE%. IF RELATED TO A NON-PAYROLL EXPENSE, INDICATE WHETHER TRANSFER IS FOR FULL OR PARTIAL AMOUNT.	
TRANSACTION INFORMATION: IF PAYROLL EXPENSE - PROVIDE EMPLOYEE NAME, EMPL ID, PAYROLL PERIOD(S) COVERED IF NON-PAYROLL EXPENSE - PROVIDE DOC ID, TRANSACTION DATE, VENDOR	
REASON WHY EXPENSE WAS NOT CHARGED TO CORRECT ACCOUNT ORIGINALLY:	

AUTHORIZATION

PREPARER: (PRINT NAME)	SIGNATURE	DATE
DEPT BUSINESS MGR: (PRINT NAME)	SIGNATURE (REQUIRED)	DATE
PI/ORG MGR: (PRINT NAME)	SIGNATURE (REQUIRED)	DATE

NOTE: This request is incomplete without the appropriate ledger support.