

**Arkansas State University
Sponsored Programs Accounting
Cost Transfer Form**

Initiated By: _____

Department: _____

Date Requested: _____ *Should be no more than 90 days from transaction date*

Correct FOAP: _____ *Include specific account code.*

FOAP Originally Charged: _____ *Attach report showing original expense charge.*

Description/Vendor: _____

Payment Date: _____ *Field code should be YTD.*

Document Number: _____

P-Card/T-Card/Ghost Card Owner _____

Amount: _____

Justification: _____
If there was an error please show how the error occurred, and if it occurred over 90 days ago, how it will be prevented in the future. Also, if the charge is moving to a restricted fund, please show how it is necessary for the project.

Project Director/PI: _____ **Date:** _____

Chair: _____ **Date:** _____

Dean: _____ **Date:** _____