UNIVERSITY OF SOUTH CAROLINA

OFFICE OF CONTRACT AND GRANT ACCOUNTING

NON-PAYROLL COST TRANSFER REQUEST

DATE _____

DEPT	FUND	OBJECT CODE	ORIGINAL TRANSACTION IDENTIFYING NUMBER	TRANSACTION DATE	DESCRIPTION	AMOUNT

TOTAL 0.00

JUSTIFICATION

1. Describe in detail the expenditure(s) that are being transferred.

2. How did the error occur?

3. What steps are being taken to ensure that this error will not happen again?

I hereby certify that these expenditures were incurred for the goals, objectives and benefit of the named project and necessary to the performance of the project. In the event of a subsequent audit disallowance of this cost transfer for any reason, the Principal Investigator/ Authorized signer agree to be responsible for handling of this expense in a manner consistent with USC policy.

Preparer Signature **Date**

Authorized Signer Signature **Date**

Department Head Signature **Date**

Contract & Grant Accounting **Date**