

**Marshall University Research Corporation  
Cost Transfer Explanation Form**

*Is this transfer less than 90 days old? If yes, please answer questions 1 and 2. If no, (the transfer is 90 days old or over) answer questions 1 through 4. If needed, please attach additional documents for explanation & justification. Please type or print.*

1. Why was this expense originally charged to the account from which it is now being transferred? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Why should this charge be transferred to the proposed receiving sponsored contract/grant account? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Why is this cost transfer being requested more than 90 calendar days from the original transaction date in Banner? (Attach all necessary supporting documentation).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What action is needed to eliminate the future need for cost transfers of this type? Is this action being taken? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Principal Investigator Signature Date  
\_\_\_\_\_  
Printed Name and Title Phone Number

**By signing above, requestor certifies that the cost to be transferred is an appropriate expenditure for the sponsored grant or contract charged, and that the expenditure complies with the terms and restrictions governing that sponsored grant or contract.**

\*\*\*\*\*

**Signatures below are required if cost transfer request is more than 90 days:**  
*Chair, Dean, or Vice-President*

\_\_\_\_\_  
Signature Date  
\_\_\_\_\_  
Printed Name and Title Phone Number

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*MURC Approval*

\_\_\_\_\_  
Signature Name and Title Date