

OSPA CORRECTING ENTRY REQUEST:

This form should be completed and sent to OSPA at 202 Centennial Hall

Questions regarding transfer:

Is this an allowable expense on the project? Yes No

Will this transfer overspend the account? Yes No

Is this transfer being done to fully spend out the project? Yes No

Date: _____ Form Completed By: _____ Phone: _____

Reason for Transfer: (if more space is needed please attach additional sheets) Please make sure your reason for transfer answers the following questions: **who, what, when, where, why** did it happen & how to ensure this won't happen again.

Chartfield Transferring From: Amount to be Transferred: _____

If more lines are needed, please attach a sheet w/transactions:

MoCode	PSAccountCode	ProjectNumber	Description of Item
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Reference (ie. JE,CE)	Reference number	Business Unit
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Chartfield Transferring To:

MoCode	PSAccountCode	ProjectNumber	Description of Item
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Reference (ie. JE,CE)	Reference number	Business Unit
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Required Signatures:

Principal Investigator (Printed) Signature Date

Department Chair or Equivalent (Printed) Signature/Date

Second Principal Investigator (if applicable) Signature Date
(Required if transfer is from one PI's project to another PI's project)

Second Chair or Equivalent (if applicable) Signature Date
(Required if transfer is from one PI's project to another PI's project)

OSPA(s) Approval - each OSPA with projects affected should approve

Printed Signature Date MoCode

Printed Signature Date MoCode

OSPA Comments:

Will this transfer make the project have excess revenue on either account? Yes No

Is sponsor approval necessary for this transfer? Yes No

Dr. K. Krishnamurthy _____
Vice Provost for Research / Designee Signature Date

VP for Research Comments: Approved Denied