Payroll Cost Transfer Request Form
University of Idaho

Date: ______________________ From: ______________________

To: Budget Office-Zip 3156 Dept: ______________________

Phone: ______________________

Transfer From: ______________________
Organization (Budget) Number originally charged

Transfer To: ______________________
Organization (Budget) Number moving expense to

Reason for transfer: ____

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______________________ ______________________ $______________________
Employee Name (One per form) Vandal # Salary Amount (Do not include fringe)

___ Board Appointed
___ Temporary Help

Pay Date(s):______________________ (i.e.: If worked 3/08/09-3/21/09, pay date is 4/3/09)

Dates Worked: ______________________

F document(s) posting expense: ______________________ (Found in FGIBDST, indicate if partial)

Must have supporting documentation attached (i.e. NWRPREX Payroll Expenditure Report, FWRPEDR Payroll Exp Detail report (print on legal paper), or NHIEDST Employee Distribution Inquiry form). Fringe Benefits will automatically be calculated with pay distribution adjustments.

I hereby certify that the above transfer is correct, proper, and represents valid correction of the original charge. I further verify that complete documentation is on file in the departmental records to support this transfer.

Project Director	Date	Project Director	Date
Department Head	Date	Department Head	Date
Dean	Date	Dean	Date
Budget Office	Date	Budget Office	Date

(Two Signatures are required if two Project Directors are involved.)

April 2009