RESEARCH/SPONSORED PROJECT COST REALLOCATION FORM

(Reference: POLICY: Cost Reallocations for Research and Sponsored Program Indexes)

# COST REALLOCATION REQUIRED INFORMATION FOR RESEARCH & SPONSORED PROJECT INDEXES (check each box to indicate completion):

[ ]  Complete this form to move existing costs to a research/sponsored project index or between two or more research/sponsored project indexes: (1) Complete charge and credit information, including the six digit Index code and the five digit account code; (2) Provide the cost description as currently indicated in Banner; (3) Include any additional information to reference the transaction if applicable (e.g. purchase order number, employee LIN); (4) Enter the amount of the transaction; (5) Obtain the signature of the Financial Manager or Authorized Signer for the Index being charged.

[ ]  Attach a copy of the Banner form or Desktop Finance transaction report showing the existing expense on the current index.

[ ]  Attach a copy of the completed [Research/Sponsored Project Index Reallocation Justification Form](https://research.cc.lehigh.edu/sites/research.cc.lehigh.edu/files/documents/ORSP/Policies/REV%20Cost%20Reallocation%20Justification%20Form%20%281-25-19%29.doc)

[ ]  Forward all documents to the Office of Research and Sponsored Programs for review and approval.

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| **Index and** **Account Code** |  | **COST DESCRIPTION (as listed in Banner)** |  | **PURCHASE ORDER # or LIN (if applicable)** |  | AMOUNT |

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| **1. CHARGE:** | **-** |  |  |  |  |  |  |
|  **CREDIT:** | **-** |  |  |  |  |  |  |

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| **2. CHARGE:** | **-** |  |  |  |  |  |  |
|  **CREDIT:** | **-** |  |  |  |  |  |  |

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| **3. CHARGE:** | **-** |  |  |  |  |  |  |
|  **CREDIT:** | **-** |  |  |  |  |  |  |

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| **4. CHARGE:** | **-** |  |  |  |  |  |  |
|  **CREDIT:** | **-** |  |  |  |  |  |  |
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| **5. CHARGE:** | **-** |  |  |  |  |  |  |
|  **CREDIT:** | **-** |  |  |  |  |  |  |
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I request the above cost reallocation(s) be made, and certify: the costs to be transferred are appropriate expenditures for the research/sponsored project charged; the expenditures comply with the terms and conditions governing that research or sponsored project; and if I am not the Financial Manager for the index to be charged, I am a designated Authorized Signer for that index.

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Financial Manager or Authorized Signer Date Name Department Date

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| **FOR OFFICE OF RESEARCH AND SPONSORED PROGRAMS USE**:Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract and Grant Specialist Date | **FOR RESEARCH ACCOUNTING USE:**Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Date |