**RESEARCH FUND REALLOCATION JUSTIFICATION FORM**

*If reallocation is being made within 90 days following the end of the month of the original charge (for payroll reallocations – within the current effort period), answer questions 1 and 2 only and sign certification statement; if over 90 days (for payroll reallocations – if effort has previously been certified), answer all four questions and obtain additional approvals as indicated.*

1. Why was this expense originally charged to the fund from which it is now being transferred? (Indicate fund number and amount to be transferred.)
2. Why should this charge be transferred to the proposed receiving fund? (Indicate fund number being charged.)

3. Why is this reallocation being requested more than 90 days following the end of the month in which the original transaction occurred?

1. What action has been taken to eliminate future need for reallocations of this type?

**I certify 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.**

Requestor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Principal Investigator or Authorized Signer) Date

**The following approvals are required for > 90 day non-payroll reallocation requests, or if a payroll reallocation is requested for a previously certified effort period:**

Department Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

Assistant Vice Provost, ORSP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

**FOR ALL REALLOCATIONS – Office of Research and Sponsored Programs Approval**

Contract and Grant Specialist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date