Payroll Cost Transfer Request Form University of Idaho

Date:	From:	
To: Budget Office-Zip 3156	Dept:	
	Phone:	
Transfer	Transfer	
From: Organization (Budget) Number originally charged	0	nization (Budget) Number noving expense to
Reason for transfer:		
Employee Name (One per form) Vandal #	<u>\$</u> Salary Amor	unt (Do not include fringe)
Employee Name (One per form) Vandal # Board Appointed Temporary Help		unt (Do not include fringe)
Board Appointed Temporary Help	Salary Amo	unt (Do not include fringe)
Board Appointed Temporary Help Pay Date(s):	(i.e.: If worked 3/08/09-3/21/	unt (Do not include fringe)
Board Appointed	Salary Amor (i.e.: If worked 3/08/09-3/21/	unt (Do not include fringe) /09, pay date is 4/3/09)

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.)