

Payroll Cost Transfer Request Form University of Idaho

NOTE: PCT is not allowed on fund type 80 & 89 'AGENCY FUND'. PCT involving fund type 22 'GRANT FUND' needs to fill out OSP PCT Form.

Date: _____ **From:** _____
To: Budget Office-Zip 3156 **Dept:** _____
Phone: _____

Transfer	* Index Code (6 digits; ex:780878)	Orgn Code (3 digits; ex:780)	* Fund Code (6 digits; ex:100000)	* Activity Code (ex:780COU)	Acct Code (E41??)	Earn Code (ex: RTP, OTP)
* From (Decrease Exp.)						
* To (Increase Exp.)						

* Reason for transfer: _____

_____ \$ _____
 * Employee Name (One per Form) * Vandal # * Salary Amount (Do not include fringe)

_____ Board Appointed
 _____ Temporary Help

* Pay Date(s): _____
 (i.e. If worked 06/03/2018 - 06/16/2018; pay date is 6/29/2018; pay period 2018 UI13)

Dates Worked: _____

* F document(s) posting expenses: _____
 (Found in FGIBDST, indicate if partial)

Must have supporting documentation attached (i.e. 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.)

Must fill out the areas marked with *