Payroll Cost Transfer Form - Sponsored Programs Funds (22)

See sample of filled out form on OSP Website FAQS. Please contact OSP at osp-cost@uidaho.edu with any questions or concerns. The deadline for PCTs to arrive at OSP is 12:00PM the Friday of each non-payroll week

COLLEGE/DEPARTMENT CALS/Plant Science	CAMPUS ZIP 83844-3020			CONTACT John Doe	NAME		PHONE 885-4013		E-MAIL jdoe@uidaho.edu		DATE 7/15/2018	
	Grant Code	Fund Number	Index Number	E-Code E41??	BDCA Earn Code (& Activity Code if	Transfer Amt (salary only)	Grant Start Date	Grant End Date	Date	e received in (
Transfer From (Decrease Expense)	MF0634	220634	885998	4110	known) RTH	\$500.00	1/1/2018	12/31/2018				
Transfer To (Increase Expense) *	MF1339	221339	885997	4110	RTH	\$500.00	1/1/2018	12/31/2018				
Supporting documents MUST be atta (eg, Argos report).		Name (one per form)			Vandal ID Number			Payroll Information				
Please contact osp-cost@uidaho.edu for a			Jane Doe			V00123123		(attach spreadsheet if more space is needed)				
EMPLOYEE CERTIFICATION STATEMENT: After , reasonable representation of effort expended. *NOT	personal review of th				fort expended, I ce	ertify that the pay	roll expense inc	licated is a	Actual Dates Worked	Pay Period #s	\$ Amount	
EMPLOYEE SIGNATURE – Must be original, no delegated s	ignatures								5/20-6/2/18	12	\$250.00	
									6/3-6/16/18	13	\$250.00	
COMPLETE FOR ALL PAYROLL COST TR	ANSFERS:											
1. How does Jane Doe's effort relate to th	e payroll costs	being transferre	d to 885997. F	Please be sp	ecific.							
Insert explanation here												
2. What specific internal control(s) will be	e improved/impl	emented to elim	inate the need	d for future	cost transfers	of this type?	(A specific, tangib	ole item such as a i	report or procedure)			
Insert process improvement here												
COMPLETE FOR ALL PAYROLL COST TR	ANSFERS MORI	E THAN 90 DAYS	FROM ORIG	INAL TRANS	SACTION DAT	E:						
3. Why is this correction submitted more a previous fiscal year are not allowed except in												
Explain why over 90 days here												
Pl/Department Certification: I certify that the program/project objectives. I further verify that							l Sponsor and	l University b	udgetary guide	lines, and direc	tly support	
NAME OF PROJECT DIRECTOR/PRINCIPA ("transfer to" index, ORIGINAL signature, NO delegat	-	PRINT			SIGNATURE			DATE				
NAME OF CHAIR OR DIRECTOR or DELEC ("transfer to" index)		PRINT			SIGNATURE			DATE				
NAME OF DEAN/DIRECTOR or DELEGATE (If more than 90 days or required by Department/Coll		PRINT			SIGNATURE							
OSP DIRECTOR		PRINT			SIGNATURE							
BUDGET OFFICE		PRINT			SIGNATURE		DATE					
BUSINESS AND ACCOUNTING SERVICES				DATE POSTED						1		
				FUSTED								

				University Of Idaho												
					Payroll Detail by Employee 7/18/2018 2:33:53 PM						Dates to					
V0012	3123	D	oe, Jane													
Catego	ory:	A	Earnings													
Pay Year	Pay Num	Seq	Trans Date	Document	Position	Suffix	Earn/ BDCA	Earn/BDCA Description	Acct	Fund	Orgn	Prog	Actv	Hrs	Amount	
2018	12	0	6/15/2018	F0145327	AX9950	05	RTH	Regular Hours	E4110	220634	885	03PSO		50.00	725.00	
	13		6/29/2018	F0145513			RTH	Regular Hours	E4110	220634	885	03PSO		25.00	362.50	
									Earnings Total: 1,				1,087.50			
Catego	ory:	н	Benefit Exp	ense												
Pay Year	Pay Num	Seq	Trans Date	Document	Position	Suffix	Earn/ BDCA	Earn/BDCA Description	Acct	Fund	Orgn	Prog	Actv	Hrs	Amount	
2018	12	0	6/15/2018	F0145329	AX9950	05	*FC		E4283	220634	885	03PSO		0.00	55.83	
	13		6/29/2018	F0145516			*FC		E4283	220634	885	03PSO		0.00	27.9	
										Bene	efit Expe	ense Tota	l:		83.74	
										Employee Total:					1,171.24	

Report Run Date:7/18/2018 2:33:53 PM

Page: 1