



Albert Einstein College of Medicine

OTPS Cost Transfer Request Form

Requestor	
Principal Investigator (PI)	
Organization Name (Dept.) of PI	
Date	

Remove from (Credit):

Banner INDEX	Document Code	Banner Account	Transaction Date	Amount
Total:				

Apply to (Debit) (If you have more than 4 lines, use an attachment):

Total:				

Justification should address the following:

(1) When did you discover the error?

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(2) How did the error occur and how is it relevant to the research?

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(3) What will be done to ensure the error does not occur in the future?

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(4) If cost transfer request is being submitted more than 90 days from date of discovery, why did it take more than 90 days to discover the error?

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APPROVALS

I certify that the above information is appropriate and compliant with Einstein's Cost Transfer policy.

Principal Investigator: _____ Date: _____

If secondary Principal Investigator or Department Administrator approval is required:

Principal Investigator/Department Administrator _____ Date: _____

FINANCE SECTION ONLY – Finance will coordinate the below approvals if required.

Cost Transfers in excess of 90 days of the discovery of the discrepancy require the following approvals:

Manager: _____ Date: _____

Director: _____ Date: _____

If Einstein funds are receiving charge (debit):

Budget Director: _____ Date: _____

Once completed, email form and appropriate attachments to RF.Postaward@einsteinmed.edu

If cost transfer is between two non-sponsored funds, email form to budget@einsteinmed.edu