Chico State Enterprises

California State University Chico University Foundation

CSE/UF Transfer Request Form

Requested date: _____ Requested by: _____

Requestor phone: _____ Requestor email: _____

From Project-object	To Project-object	Reference number (if applicable)	Transaction posting date (if applicable)	Amount

Is this a "partial" transfer of the expense? ☐No ☐Yes

Is this transfer necessary due to data entry error? ☐No-proceed to 1. ☐Yes-skip to 6.

1. Provide a description and detailed justification for this transfer (attach additional sheets as needed).

   _____

   _____

2. Is this a transfer to/from a grant or contract? ☐No-skip to 4. ☐Yes-proceed to 3.
3. Why should this expense be transferred to/from the grant or contract?

   _____

   _____

4. Does this transfer include salaries and fringe benefits? ☐No-proceed to 5. ☐Yes-Proceed to 5.*

   ***Attach certification of effort and applicable backup (e.g. corrected timesheet or certification) to this form.**
5. If request is 90+ days after the posted transaction date, explain why transfer was not requested within the 90-day limit.

   _____

   _____

6. Certification-An authorized signature is required for **each** project listed above. By signing, you certify that the costs being transferred are appropriate, allowable, and allocable to the project(s) being charged.

_____	_____	_____
Authorized signer name	Authorized signer signature	Date
_____	_____	_____
Authorized signer name	Authorized signer signature	Date

CSE use only: Reviewed by (initial and date): _____ *JE description:* _____

Prepared by (initial and date): _____ *JE ID:* _____