

Date: _____ OSP Nbr: _____
Project Type: _____

Project Nbr: _____
Sponsor: _____
Project Period: _____ to _____
Funding Period: _____ to _____
PI: _____
Dept Addr: _____
CO-PI: _____

Proj Amt(total/addl): _____
Fund Amt(total/addl): _____
Cost Sharing: _____
Program Inc Expected: _____
Remarks _____



New _____ Renew _____ Lease _____
FDP _____ State _____ CFDA _____
Fun Meth _____ NACUBO _____ Fed _____
DET _____ FED/State _____
Bill Addl _____
Reports _____ Dates Due _____
Tech _____
Patents _____
Fiscal _____
Misc _____
Inventory _____
Budget Rules _____
Travel Rules _____
Equipment Rules _____
SVC Date _____ Admin S/W _____ OE _____

OSP Info

Total:

It is the responsibility of the Project Director to ensure that all expenditures are within limits of the approved budget and in compliance with the granting agency guidelines. For additional information or help with contract management, call your accountant, _____, contracts & Grants, MAI 316, K5305, 471-6231.

Distribution: ___ Public Affairs ___ BER ___ ARL/Director's Office ___ Development Office
___ ARC Chairman ___ BEG ___ Dean/Dir _____

Control No. _____

J.V. _____ Date _____ Entered By: _____
Updated By: _____

O.H. Rate
O.H. Base

Transfer for LOA / SNOA / Spin-off / DEOB / Carry Forward

(VJ4)

(VJ9)(9072)

(VJ4)

(VJ4)

(VJ4)

(circle one)

NOTE: On SNOA - only post to expenditures subs.

Transfer budget from:

Account:	\$	Debit
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
TOTAL	\$	_____

Transfer budget to:

Account:	\$	Credit
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
TOTAL	\$	_____

Document ID: _____
 Voucher Number: _____

Document ID: _____
 Voucher Number: _____

Transfer of Cash:

From Account: _____
 Document ID: _____

To Account: _____
 Voucher Number: _____

Approved by:
 Accountant _____
 Date _____

Entered by:
 Staff _____
 Date _____