

Date: \_\_\_\_\_ OSP Nbr: \_\_\_\_\_  
Project Type: \_\_\_\_\_

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

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 \_\_\_\_\_

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



Title \_\_\_\_\_

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 07/09/10 \_\_\_\_\_ Entered By: Tulika Paul \_\_\_\_\_  
Updated By: \_\_\_\_\_

O.H. Rate  
O.H. Base

<b>Transfer for LOA / SNOA / Spin-off / DEOB / Carry Forward</b> <small>(VJ4)      (VJ9)(9072)      (VJ4)      (VJ4)      (VJ4)</small> <i>(circle one)</i>
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NOTE: On SNOA - only post to expenditures subs.

**Transfer budget from:**

Account:		Debit
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
<b>TOTAL</b>	\$	_____

Document ID: \_\_\_\_\_  
 Voucher Number: \_\_\_\_\_

**Transfer budget to:**

Account:		Credit
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
<b>TOTAL</b>	\$	_____

Document ID: \_\_\_\_\_  
 Voucher Number: \_\_\_\_\_

**Transfer of Cash:**

From Account: \_\_\_\_\_  
 Document ID: \_\_\_\_\_

To Account: \_\_\_\_\_  
 Voucher Number: \_\_\_\_\_

**Approved by:**  
 Accountant \_\_\_\_\_  
 Date \_\_\_\_\_

**Entered by:**  
 Staff \_\_\_\_\_  
 Date \_\_\_\_\_