

Please Print Instructions Before Completing this Form.
INTRA AWARD TRANSFER FORM

Funding Source Award Number _____

Date: _____

| Section A - Non-Labor | | |
|---------------------------|----------------------|----------------------|
| | Transfer From | Transfer To |
| Project Number: | <input type="text"/> | <input type="text"/> |
| Task Number: | <input type="text"/> | <input type="text"/> |
| Award Number: | <input type="text"/> | <input type="text"/> |
| Period Date: | <input type="text"/> | <input type="text"/> |
| Item Date: | <input type="text"/> | <input type="text"/> |
| Expenditure Type: | <input type="text"/> | <input type="text"/> |
| Supplier Name: | <input type="text"/> | <input type="text"/> |
| Original Purchase Amount: | <input type="text"/> | <input type="text"/> |
| Transferred Amount: | <input type="text"/> | <input type="text"/> |

| Section B - Labor Distribution Adjustment | |
|---|--------------------------|
| Account distribution change for: <input type="text"/> | To: <input type="text"/> |
| <i>Employee's Name</i> | <i>Processor's Name</i> |
| Payroll Type: _____ | |

| Current Old Distribution/Labor Scheduling Request | | | | | | | | |
|---|--------------------|---------|------|-------|------------------|--------|----------------|--------------|
| Begin date of change | End date of change | Project | Task | Award | Expenditure Type | Amount | PTA start date | PTA end date |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| New Distribution/Labor Distribution Request | | | | | | | | |
|---|--------------------|---------|------|-------|------------------|--------|----------------|--------------|
| Begin date of change | End date of change | Project | Task | Award | Expenditure Type | Amount | PTA start date | PTA end date |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Section C - Signatures | |
|--|----------------------------------|
| Requestor's Name: <input type="text"/> | E-mail/Ext: <input type="text"/> |
| Authorized Signature: <input type="text"/> | Date: <input type="text"/> |
| Authorized Name: <input type="text"/> | E-mail/Ext: <input type="text"/> |

| For Office of Financial Services Use Only | | |
|---|----------------------|---------------------|
| <i>Batch No.:</i> | <i>Processed by:</i> | <i>Approved by:</i> |
| | | |