

Liberty University Cost Transfer Request

Name:		Index Code:		Date:	
Period of Correction:	Start Date:		End Date:		
Why was the expense originally charged to the account from which it is now being transferred?					
Why should this charge be transferred to the proposed receiving account?					
If the cost transfer request is more than 90 days from the date of the original charge, explain the reason for the delay and what action is being taken to eliminate the need for future cost transfers of this type.					

Title	Print	Signature	Date
Principal Investigator			
Dept Chair or Dean			
OSP Administrator			
VP of Finance			