

## Steps for Filling Out Intercampus Cost Transfer Form When Transferring Cost to Campus

1. Enter your UCOP financial unit name/department name.
2. Provide a brief explanation about the purpose of the intercampus cost transfer.
3. Enter the COAs.
  - A) For **UCOP's line** use your UCOP Entity, Fund and Financial Unit followed by a 7XXXXX expense account and function code. Refer to the current QRG for commonly used 7XXXXX expense accounts.
  - B) For the **Campus line always** use entity 20400, followed by your UCOP fund and UCOP financial unit and the campus financial control account (102XXX). Function should be 000.  
*\*If the recharge amount exceeds \$100k, use account 102110, regardless of the campus. You are required to enter the E-Journal number for this transaction.*
4. Enter a brief description of the cost transfer. Include the receiving campus identifier code on the UCOP line (e.g., 190A\*).
5. Enter the debits and credits. These must always balance. If UCOP is recharging a campus (i.e., campus transfer of funds to UCOP), credit the UCOP line and debit the campus line.
6. Enter the campus contact information and campus chartstring/COA exactly as provided by the campus. Do not convert or add additional segments.
7. Enter the names of both the preparer and approver. The cost transfer cannot be processed without these names.
8. Open a ServiceNow ticket following the path: *Service Catalog>Request Service>Business Resource Center>Compliance, Accounting, Audit and Policy (CAAP)>Cost Transfer*

### UCOP Cost Transfers – Intercampus

**PURPOSE FOR TRANSACTION**

- A.  Correction of an erroneous recording.
- B.  Record change in the decisions made originally as to the use of goods or services.
- C.  Redistribution of payments on behalf of other departments or campuses
- D.  Recharge

**Explanation for adjustment (if A, B, or C checked above, then required):**

1. Why is the adjustment is being made?
2. Why was the original in error?
3. What steps have been taken to prevent reoccurrence?  
(only if you checked A. above.)
4. Explain the delayed action if adjustment is made after 120 days of original transaction date or 90 days after fund expiration.

**1** → Financial Unit Name: ITS Shared Data Center

**2** → EXPLANATION OF EXPENDITURE ADJUSTMENT  
Software subscription is being utilized by UCI, UCR and UCSF. UCOP paid the invoice and this is a recharge to the 3 campuses that utilizes the service.

COA: Entity (5), Fund (5), Financial Unit (7), Account (6), Function (3), Program (3), Project (7), Activity (6) (Separate segments by using a hyphen - Example: 20520-69400-3027050-530101-721-000-0000000-000000-000000-000000)		E-Journal number	Description	Debit	Credit
20515-69085-2566010-750500-721-000-0000000-000000-000000-000000-000000			190A* UCI 2025 Software License Recharge		2,465.00
20400-69085-2566010-102090-000-000-0000000-000000-000000-000000-000000			UCI Recharge for Software License	2,465.00	
20515-69085-2566010-750500-721-000-0000000-000000-000000-000000-000000			150A* UCR 2025 Software License Recharge		2,465.00
20400-69085-2566010-102050-000-000-0000000-000000-000000-000000-000000			UCR Recharge for Software License	2,465.00	
20515-69085-2566010-750500-721-000-0000000-000000-000000-000000-000000			120A* UCSF 2025 Software License Recharge		2,465.00
20400-69085-2566010-102020-000-000-0000000-000000-000000-000000-000000			UCSF Recharge for Software License	2,465.00	
TOTAL				7,395.00	7,395.00

**(The following section needs to be completed only if the transaction is Intercampus)**

Campus	Campus Contact Name	Contact E-Mail	Department Name	Contact Phone	Campus Chartstring
UCI	Mary Smith	Mary.smith@uci.edu	Accounting	949-824-0000	9-406357-66251-03-3010
UCR	Brian Smith	brian.smith@ucr.edu	Office of Technology Research and Economic Development	951-827-0000	1511-66259-A01589-547000-72-000-0000000000-0000000000-00000000
UCSF	Dan Smith	dan.smith@ucsf.edu	UCSF Innovation Ventures	415-502-0000	01211-05000-0470058-057201-720-000-1111111-000000

**HELPFUL RESOURCES**

[Campus Financial Control Office Contacts](#)

I certify that the above listed adjustments are proper and correct charges and/or credit to the accounts/funds indicated and in accordance with University policy and agreements set forth in the fund sources involved.

Prepared By: Your name  
 Approving Authority Signature: \_\_\_\_\_  
 Printed Name: Your supervisor or assigned approver

Phone: XXX-XXX-XXXX  
 Date: XX/XX/XXXX

