

# FUNDING CHANGE WORKSHEET

## HR Payroll Funding Entry & Direct Retro Request

Employee Name: \_\_\_\_\_ Dept Code: \_\_\_\_\_

Employee #: \_\_\_\_\_ Date: \_\_\_\_\_

### ADJUSTMENT CATEGORY:

- Correction of an erroneous recording.  Redistribution of small individual and/or minor charges
- Record change in the decisions made originally as to the use of services.

### Explanation for adjustment (required):

1. Why the transfer is being made.
2. Why it was originally charged as it was.
3. Describe the cost item & what is the cost-benefit to the project now being charged?
4. Who made the determination for the transfer of the cost item (e.g., principal investigator) & their connection to the project?
5. Provide a strong justification explaining the delay in transfer if request is past the required time of 120 days from original transaction date or 90 days after the fund end date, whichever is applicable?
6. What steps are being taken to prevent future reoccurrence?

### EXPLANATION OF EXPENDITURE ADJUSTMENT

| Current Funding → |     |   |        |      |          |      |         |      |          | → New Fund Change |     |   |        |      |          |      |         |      |          |
|-------------------|-----|---|--------|------|----------|------|---------|------|----------|-------------------|-----|---|--------|------|----------|------|---------|------|----------|
| Begin             | End | % | Entity | Fund | Fin Unit | Func | Project | Task | ERN CODE | Begin             | End | % | Entity | Fund | Fin Unit | Func | Project | Task | ERN CODE |
|                   |     |   |        |      |          |      |         |      |          |                   |     |   |        |      |          |      |         |      |          |
|                   |     |   |        |      |          |      |         |      |          |                   |     |   |        |      |          |      |         |      |          |
|                   |     |   |        |      |          |      |         |      |          |                   |     |   |        |      |          |      |         |      |          |
|                   |     |   |        |      |          |      |         |      |          |                   |     |   |        |      |          |      |         |      |          |
|                   |     |   |        |      |          |      |         |      |          |                   |     |   |        |      |          |      |         |      |          |
|                   |     |   |        |      |          |      |         |      |          |                   |     |   |        |      |          |      |         |      |          |
|                   |     |   |        |      |          |      |         |      |          |                   |     |   |        |      |          |      |         |      |          |

**See Business & Finance Bulletin A-47.**

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

Prepared By: \_\_\_\_\_

Phone: \_\_\_\_\_

Approving Authority Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**For Federal Contract & Grant Funds:**

I certify that I am the Principal Investigator, Department Head (Vice President) or other responsible academic official and that this adjustment request meets the requirements of Business & Finance Bulletin A-47.

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_