



Miscellaneous Transaction Request Form

A **Miscellaneous Transaction** is a one-sided transactions to facilitate RSDC charges to a grant, rent charges to grants, allowable administrative charges, moving unallowable or final write-off balances to Departmental/Discretionary Accounts and any transfer from or to an AF/PF account.

Cost Transfers, Distribution Adjustments and Miscellaneous Transactions move expenses previously recorded in one award to another. In order to comply with federal regulations all transfer requests must be completed within 90 days of the original charge.

PROCEDURE:

- Complete the Miscellaneous Transaction Request Form in its entirety, ensuring that information is correct and justification answers are thorough.
- Once completed, acquire the required signatures and submit the MT to your respective grants manager for review and processing.
 - Be sure to include proper documentation as backup when submitting the MT to your grants manager. Proper documentation includes: highlighted actuals from the period of the original expense, email correspondences relating to the discovery of the error, and any additional information that relates to the Miscellaneous Transaction.
- The grants manager will then review, sign-off and route to the Director of OSP for final approval and or to the Chief Compliance Officer if necessary. At this stage, the grants manager with route the Miscellaneous Transaction Request Form to the Sr. Business Systems Analyst for final processing.

Date:**MOVE EXPENSE FROM:**

Project #:

Project End Date:

Award #:

Expenditure Type:

Amount:

MOVE EXPENSE TO:

Project #:

Project End Date:

Award #:

Expenditure Type:

Amount:

Cost Transfer Justification:

Specify the transaction being moved and how it directly relates to the award(s) it is being moved to.

How/when was this error or situation discovered? Include the reason this was originally charged to the incorrect project.

How will this error or situation be prevented from occurring in the future?



Miscellaneous Transaction Signature Page

Requested By: PM/PI of award that expense is being moved from:

Signature:

Name: _____
Title: _____
Date: _____

Signature of Supervisor

Signature:

Name: _____
Title: _____
Date: _____

Approved By: PM/PI of award that expense is being moved to:

Signature:

Name: _____
Title: _____
Date: _____

Signature:

Name: _____
Title: **Grants Manager**
Date: _____

Signature:

Name: _____
Title: **Director, OSP/AH/PH accts**
Date: _____

Signature

Name: _____
Title: **DPM Director of Finance/AF/PF accts**
Date: _____

Signature:

Name: _____
Title: **Chief Compliance Officer**
Date: _____

The following signature certifies that this Distribution Adjustment Request has been completed:

Signature:

Name: _____
Title: _____
Date: _____