<u>Use for GRANT or MATCH ONLY</u>
REALLOCATION REQUEST - For BENEFITS ONLY

EMPLOYEE NAME: _____   T# _____

EMPLOYEE TYPE: Full Time: ' Part Time '   GA: ' Adjunct: ' Student: '

Payroll Month/Year of expenses to be reallocated: _____
(MM/YYYY)

Amount to be reallocated: Other retirement codes (if needed):

Retirement 62105: $ _____   62110 $ _____   62210 $ _____

FICA 62300: $ _____   62001 $ _____   62220 $ _____

Medicare 62400: $ _____   62003 $ _____   62222 $ _____

Insurance 62500: $ _____   62002 $ _____   62221 $ _____

                                          62005 $ _____   62200 $ _____

FOAPAL to charge expense   FOAPAL from which to move expense
(move the expense to this account)   (take the expense charge from this account)

Index: _____   Index: _____

Fund: _____   Fund: _____

Org: _____   Org: _____

Account: _____   Account: _____

Program: _____   Program: _____

Activity: _____   Activity: _____

**What action is being taken to eliminate future need for cost transfers of this type?

_____

Preparer's name and position:_____Date_____Phone_____

Principal Investigator's Name and Phone #: _____Phone_____

Principal Investigator's Signature: _____Date_____

IF the transfer is less than 90 days, you may stop here. IF the transfer is more than 90 days you must answer the additional question

_____

Approved by Grant Accounting _____ Date _____