Georgia Regents University
Travel Cost Transfer
(For Accounts 6XXXXX)

Account	Fund	Department	Program	Class	Project	Voucher ID	Employee ID	Employee Name	Debit	Credit
*Please include Budget Transaction Detail with this expense Highlighted.									0.00	0.00

Justification: How did each item benefit the account, and why is it being transferred after the fact.

I hereby certify that the expenses transferred to the agency/org are appropriate and necessary to the perfomance of this project

Authorize Signature Transferring Budget Unit	Date	Sponsored Accounting Approval	Date
Authorized Signature Receiving Budget Unit	Date	Comptroller's Approval	Date
Department Chair	Date	Person preparing cost transfer and phone number	Date