

KANSAS STATE UNIVERSITY
Payroll Transfer Form

*Required Fields

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|------------------|--|--------------|----------|-------------------------------|------------------|
| EMPLID * | | RCD # | | NAME (First MI Last Suffix) * | |
| EFFECTIVE DATE * | | | END DATE | | FISCAL YEAR(S) * |
| DEPT ID * | | DEPT NAME * | | | |
| POSITION POOL ID | | POSITION # * | | Title | |

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|----------|--|--------------|--|----------|--|--------------|--|
| CHECK# * | | ISSUE DATE * | | CHECK# * | | ISSUE DATE * | |
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| CHECK# * | | ISSUE DATE * | | CHECK# * | | ISSUE DATE * | |
| CHECK# * | | ISSUE DATE * | | CHECK# * | | ISSUE DATE * | |

OLD FUNDING:

NEW FUNDING (must match funding table in HRIS)

Funding Entered By

Earnings (Ksu Dept Bdgt Ern)

| Earn Code [†] | Project # | Fund Src | Org | Award | % of Dist |
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† If other than defaults

| Project # | Fund Src | Org | Award | % of Dist |
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Deductions (Ksu Dept Bdgt Ded)

| Plan Type [†] | Project # | Fund Src | Org | Award | % of Dist |
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| Project # | Fund Src | Org | Award | % of Dist |
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Taxes (Ksu Dept Bdgt Tax)

| Tax Class [†] | Project # | Fund Src | Org | Award | % of Dist |
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| Project # | Fund Src | Org | Award | % of Dist |
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Has this been certified on an effort report?

Additional Information

Signature Authorization: UNIT OR DEPARTMENT HEAD, DEAN AND/OR VICE-PRESIDENT

DATE

1. For ALL LATE transfers please answer the following question: Why is this transfer being requested more than 90 days after the effective date of the paycheck?

*Note-Transfers are late if they are received in Human Resources more than 90 days from the effective date of the paycheck.

2. For ALL transfers moving expenditures TO a sponsored project answer the following two questions:

A. Explain why this expenditure was not originally charged to the correct project

B. Justify how this expenditure qualifies as a direct cost to the project to which it is being transferred (direct costs are costs necessary to carry out the objectives of that specific project and can be assigned to the project with a high degree of accuracy)

Signature Authorization: PRINCIPLE INVESTIGATOR

DATE

For transfers TO grants the Principle Investigator and/or their delegate should authorize this form. Signature certifies that the cost being transferred is an appropriate expenditure for the sponsored project account being charged and that the expenditure complies with the terms and conditions governing the sponsored project.

Signature Authorization: UNIT OR DEPARTMENT HEAD, DEAN AND/OR VICE-PRESIDENT

DATE

For ALL late transfers the Unit Department Head, Dean and/or Vice-President should authorize this form.