



**UNIVERSITY OF ALABAMA AT BIRMINGHAM
COST TRANSFER FORM**

REQ. NO.

PTA OR ASBOF
TO BE CHARGED (DEBIT)

OBJECT
CODE

DEBIT
AMOUNT

ACCOUNTANT
APPROVAL

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CREDIT PTA OR
ASBOF STRING

OBJECT
CODE

CREDIT
AMOUNT

ACCOUNTANT
APPROVAL

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

QTY	DESCRIPTION OF COST TRANSFER	UNIT	TOTAL

Is there sufficient documentation attached (Y/N)?

FOR QUESTIONS CONCERNING THIS REQUISITION, CONTACT:

NAME PHONE NUMBER

BLDG. RM NO ZIP DATE

DEBIT ACCOUNT APPROVALS:

REQUESTED BY (Required) DATE

Authorized Signature (Required <90 days) DATE

CHAIR (Required if over 90 days) DATE

DEAN (Required if over 120 days) DATE



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PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. How and why was it deemed appropriate to place the expense(s) on the account originally charged?
2. How will the project to which the expense(s) are being reclassified benefit from the expense(s)?
3. If over 90 days, what factors contributed to the delay in determining that this charge should be reclassified?