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| Date |
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For additional information please see web sites: <http://www.washington.edu/research/gca/spend/rte.html>
<http://www.washington.edu/research/gca/spend/reviewquestions.html>

| | | |
|---|---------------|-------|
| Please forward to: Box 351122 RTE Desk Grant & Contract Accounting Questions? Please Email: gcatrans@u.washington.edu | Prepared by | |
| | Department | Phone |
| | Email Address | Box # |

REQUEST TO TRANSFER EXPENDITURES (RTE)

EXPENDITURE INFORMATION

1. Please provide expenditure information (attach additional sheets if necessary).

| | | | | |
|---|-----|-----|-----|-----|
| Budget Number originally charged | - | | | |
| Expenditure Description(s); attach highlighted copy of the BAR, MyFD Transaction Summary screen print, or FIN Screen 8 printout. (Please be specific.) | | | | |
| Expenditure Code(s) | - | - | - | - |
| Posting date(s) FIN/FAS | - - | - - | - - | - - |
| Date good/service received/dates of travel | - - | - - | - - | - - |
| Requisition Number(s) | | | | |
| Reference Number/UW Tag Number(s) <small>(GCA will not process equipment transfers without a UW Tag #. Contact the Equipment Inventory Office [EIO] at 206-543-4663 to tag equipment.)</small> | | | | |
| Transaction Amount(s) | | | | |

TRANSFER INFORMATION

2. Please provide transfer information

PCA Fields are optional

| | Budget Number | Budget Title | PCA Task | PCA Option | PCA Project | Authorized Signature |
|---------------|---------------|--------------|----------|------------|-------------|----------------------|
| DEBIT | - | | | | | |
| CREDIT | - | | | | | |

3. Explain how the charge benefits the debit budget; required when the debit budget is a grant or contract. (Please be specific).

4. Explain how or why the expenditure was charged to the incorrect budget. (Please be specific).

If this request is to transfer expenditures incurred more than 120 days in the past, then an explanation of why the transfer request is late is required. (Refer to Grant Information Memorandum {GIM} 15 for further information.)

DEFICIT TRANSFER

5. Please provide deficit transfer information:

| | | | | |
|------------------|----------------|----------------------|--|--|
| Deficit Budget # | Deficit Amount | Transfer to Budget # | Deficit Type | Action Required |
| - | | - | <input type="checkbox"/> Final Deficit <input type="checkbox"/> Interim Deficit | <input type="checkbox"/> Close to Status 3 |

AUTHORIZATION

Please provide deficit transfer authorization

PRINT NAME _____ Signature _____ Date _____

FOR DEPARTMENT BUDGET RECONCILIATION AFTER JV HAS BEEN PROCESSED

| | | | |
|--|-----------|---------|-----------|
| Please retain a copy for reconciliation purposes. JV copy will not be returned. | JV Number | JV Date | BAR/Month |
|--|-----------|---------|-----------|