

Expense transfers involving salary and fringe from one account to another should generally be handled through an HR Change of Status (COS) transaction. This will update both the HR records pertaining to any employee and will generate the correction of payroll records for monthly employees (not biweekly), to be completed by the Payroll Department.

Use this form if:

- expenses are not being moved to a sponsored project account (funds 500 or 510)
- employee has a biweekly appointment - or - employee has a monthly appointment and an HR COS is not appropriate
- salary/fringe transfers are > 90 days after the effective date of the original transaction and an HR COS is not appropriate
- the necessary transfer is an exception that cannot be handled through an HR COS

Instructions: Complete the entire form by answering all questions, providing required and supplemental information and getting the appropriate departmental signatures, scan and email as appropriate to (also keep a copy of the completed, signed form in your own departmental files):

- **Healthcare & College of Medicine non-grant requests** – Financial Reporting & Control: FinancialOpsCCOM@healthcare.uiowa.edu
- **Gift Account (g/p begins with 8) affected, either original or new side** – Grant Accounting: rosemary-sullivan@uiowa.edu
- **All other non-grant requests** – Accounting & Financial Reporting: AFR-ElecFinTrans@uiowa.edu

1. Why was this expense originally charged to the account from which it is now being transferred?

2. Why should this expense be transferred to the proposed account?

3. Why is this cost transfer being requested more than 90 days after the original transaction?

4. How will you prevent this type of error or situation from happening in the future?

5. Was a retroactive Accounting-Only Change of Status transaction submitted through the HR Transaction System to correct the prior effective-dated HR appointment record(s) impacted by this request? If not, why not?

Requestor's PRINTED name and signature: _____

Requestor's Phone Number: _____ Date: _____

Expense Transfer Approved by:

Supervisor/Dept head PRINTED name and signature: _____

By signing above, the approver certifies that the expense transferred is appropriate for the new account charged.

Reference information required to complete PayCV:

Employee ID & employee name payroll correction is for:									
Salary dollars to transfer:					Fringe dollars to transfer:				
Pay period begin and end dates(s) impacted:									
Begin Date					End Date				
Original MFK:									
Fnd	Org	DeptSubdpt	G/P	Iact	Oact	Dact	Fn	Cctr	
___	-	___	-	___	-	___	-	___	-
New MFK:									
Fnd	Org	DeptSubdpt	G/P	Iact	Oact	Dact	Fn	Cctr	
___	-	___	-	___	-	___	-	___	-
Notes:									

NOTE: Please attach any files/print shots from the PayCV or CumCompDSS applications to supply Accounting and Financial Reporting with the details needed to complete the PayCV request. Incomplete requests will delay the creation & posting of the PayCV transactions by AFR.