

**Yeshiva University  
Sponsored OTPS Cost Transfer Request Form GA130.10-OTPS**

Requestor	
Principal Investigator (PI)	
Organization Name (Dept.) of PI	
Date	

**Remove from (Credit):**

Banner INDEX	Purchase Order Number/Other Reference Number	Banner Account	Original Date of Charge	Amount

**Apply to (Debit):**


Justification should address the following: (1) When did you discover the error? (2) Describe the use of the charge to the project. If over 90 days  
 (3) Why did it take more than 90 days to discover the error?  
 (4) What will be done to ensure the delay does not occur in the future?

**APPROVALS**

*I certify that the above information is appropriate and compliant with Yeshiva Cost Transfer policy.*

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

If secondary Principal Investigator or Department Administrator approval is required

Principal Investigator/Department Administrator \_\_\_\_\_ Date: \_\_\_\_\_

**FINANCE SECTION ONLY – Finance will coordinate the below approvals if required.**  
**Cost Transfers in excess of 90 days of the discovery of the discrepancy require the following approvals:**

Manager: \_\_\_\_\_ Date: \_\_\_\_\_ Director: \_\_\_\_\_ Date: \_\_\_\_\_

**If University Funds are receiving charge (debit):**

Research Finance Director: \_\_\_\_\_ Date: \_\_\_\_\_

Once completed, email form and appropriate attachments to [RF.Postaward@einstein.yu.edu](mailto:RF.Postaward@einstein.yu.edu)