

# SPONSORED PROGRAMS - RETROACTIVE TRANSFER

## PLEASE TYPE OR PRINT

DEBIT ACCOUNT NUMBER (ACCT TO BE CHARGED)

NUMBER (ACCT TO BE CREDITED)

|                             |                 |                               |                                    | RY CHARGES      | (FORM FA-11)                                              |                    |                         |  |
|-----------------------------|-----------------|-------------------------------|------------------------------------|-----------------|-----------------------------------------------------------|--------------------|-------------------------|--|
| PLEASE TYPE OR PRINT        |                 |                               |                                    |                 | DATE SUBMITTED:                                           |                    |                         |  |
| DEBIT<br>ACCOUNT            | OBJECT          | Principal<br>Investigator     | SPONSORED ACCOUNT<br>BUDGET PERIOD |                 | DESCRIPTION                                               | REF                | AMOUNT                  |  |
| NUMBER<br>ACCT TO BE CHARGE | CODE<br>D)      |                               | Start                              | End             |                                                           |                    |                         |  |
|                             |                 |                               |                                    |                 |                                                           |                    |                         |  |
|                             |                 |                               |                                    |                 |                                                           |                    |                         |  |
|                             |                 |                               |                                    |                 |                                                           |                    |                         |  |
| CREDIT<br>ACCOUNT<br>NUMBER | OBJECT<br>CODE  | Principal<br>Investigator     | SPONSOREI<br>BUDGET                | PERIOD          | DESCRIPTION                                               | REF                | AMOUNT                  |  |
| ACCT TO BE CREDITE          | ED)             |                               | Start                              | End             |                                                           |                    |                         |  |
|                             |                 |                               |                                    |                 |                                                           |                    |                         |  |
|                             |                 |                               |                                    |                 |                                                           |                    |                         |  |
| Explana                     | 1<br>2.         |                               |                                    |                 | Award receipt date.  ged. Attach a memo giving a complete | ovulonation If all | that the debit or gradi |  |
|                             | ۷٠              |                               | to a Sponsored ac                  |                 | transfer is over 90 days old, additional                  |                    |                         |  |
|                             | Note: Appropria | ate copies of Report 90's and | other supporting do                | cumentation mus | t be attached.                                            |                    |                         |  |
|                             |                 |                               |                                    |                 | Approvals:                                                |                    |                         |  |
|                             |                 |                               |                                    | 7               | 1 Signator for Acct. to be charged                        |                    | Date                    |  |
| FOR FURTHER INFO            | RMATION CONCER  | RNING THIS REQUEST PLEA       | SE CONTACT:                        | -               | 2                                                         |                    |                         |  |
| NAME                        |                 |                               |                                    |                 | Dept. Head or Dean (if required)                          |                    | Date                    |  |
| PHONE                       |                 |                               |                                    |                 | 3Budget/Sponsored Exp. Ctrl. Approval                     |                    | Date                    |  |

Journal Prepared By

Date

FORM FA-11 (#0218) REV. 03/05

## **INSTRUCTIONS ON REVERSE SIDE**

# INSTRUCTIONS RETROACTIVE TRANSFER OF NON-SALARY CHARGES

The FA-11 form is used to transfer charges incorrectly reflected against a Sponsored Account. Do not transfer salaries on this form, use form FA-10 to transfer salaries and related fringe benefits.

### Type or Print Clearly

#### INSTRUCTIONS

Please complete as indicated below:

- 1) Date request is being processed
- 2) University account number to be debited or charged
- 3) Object code to be debited or charged
- 4) Name of Principal Investigator or authorized signatory
- 5) Account budget period start and end date
- 6) Description of item being transferred
- 7) Enter same information for account to be credited

#### Requirements:

- 1) Please check the appropriated explanation and attach documentation as required.
- 2) Attach appropriate Report 90 for each item being adjusted.
- 3) Transfers on Sponsored accounts, if over 90 days from the date of the occurrence, must have a written letter of justification explaining the reason for delay in processing.
- 4) All signatures must be affixed and dated.
- 5) Send request with backup documentation to the appropriate Budget or Sponsored program approval office, as listed below:

Coral Gables and South Campus: Sponsored Program - Financial Admin. Room 209 Max Orovitz Bldg.

Locator Code 1424

Medical Campus:

Expenditure Control/Budget Office

Please check UM directory

RSMAS:

Business Office S/A 110