UAB

UNIVERSITY OF ALABAMA AT BIRMINGHAM
COST TRANSFER FORM

REQ. NO. _____

PTA OR ASBOF TO BE CHARGED (DEBIT)	OBJECT CODE	DEBIT AMOUNT	ACCOUNTANT APPROVAL
	8301050	150.00	

CREDIT PTA OR ASBOF STRING	OBJECT CODE	CREDIT AMOUNT	ACCOUNTANT APPROVAL
3106714.000.213106714.311653010.0000	6102020	150.00	

QTY	DESCRIPTION OF COST TRANSFER	UNIT	TOTAL
1	Payment of Registration fee for the Research Training Program Spring 2018	1	150.00

Is there sufficient documentation attached (Y/N)? Y

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 or P. I. Signature (Required >90 days)**

_____ _____

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?

   This is not an item that was charged somewhere else originally. This is a clinical research coordinator training class to learn about the basics of clinical research so investigators involved in clinical trials here at UAB receive the correct support and the research coordinators develop lifelong skills for conducting research.

2. How will the project to which the expense(s) are being reclassed benefit from the expense(s)?

   The department and the investigators will benefit from the knowledge gained in conducting clinical research on the UAB campus from both public and private sources.

3. If over 90 days, what factors contributed to the delay in determining that this charge should be reclassed?

   n/a