

Dept. Transfer # _____

**UNIVERSITY OF LOUISVILLE
SPONSORED PROGRAMS FINANCIAL ADMINISTRATION
COST TRANSFER JUSTIFICATION FORM**

Sponsored Programs Financial Administration (SPFA) reserves the right to reject any cost transfers for lack of documentation and/or proper authorization. (All cost transfers require adequate supporting documentation to identify amounts and original dates.)

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

This was charged as salary support for Dr. Matthew Ramsey.

2. Why should this charge be transferred to the proposed receiving program/project? (PI should explain how the charge directly relates to the scope of work) (Attach any necessary supporting documentation)

This charge is for salary support for Dr. Matthew Ramsey, as part of the budget justification for the award. Dr. Ramsey will participate in both direct research as well as supervision of a part time employee on this award.

3. If applicable, why is this cost transfer being requested more than 90 days after the original date the transaction was recorded? (Attach any necessary supporting documentation)

The original award letter was delayed from the NIH for over 90 days.

4. What corrective action has been taken to eliminate future need for cost transfers of this type?

None that UL is able to do at this time, this was a delay in payment from the NIH / DHHS.

Principal Investigator's Signature:  Date: 8/25/25

Printed name, title and phone no.: Matthew Ramsey, Associate Professor (502)852-8304

NOTE: By signing above, requestor certifies that the cost to be transferred is an appropriate expenditure for the sponsored grant or contract charged and that the expenditure complies with the terms and restrictions governing that sponsored grant or contract.

Dean/Vice President Authorization: _____ Date: _____
(required if greater than 90 days)

SPFA Authorization: _____ Date _____