WASHINGTON UNIVERSITY  
PAYROLL COST TRANSFER

P/E Date  Last Name, First Name

EMPLID #  EMPL Record  Dept ID

Check box if fringes are to be applied proportionate to wages. If not, fill in fringe amounts below.

(--------List TOTAL Amounts To Be Transferred--------)

<table>
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<tr>
<th>Earnings Code</th>
<th>Account</th>
<th>Wages</th>
<th>Annuity</th>
<th>Soc-Sec</th>
<th>Oth.Frng</th>
<th>DepTuition</th>
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Control Totals: 0.00 0.00 0.00 0.00 0.00 0.00

Must be zero

REASON (CHECK ONE):
Salary Cap Change
Effort Not Spent As Planned
Entry Error
Fund Number Not Available
Vacation Transfer
Correct Fringe Allocation
Other (Please Explain)

Originating Department's Authorizations:
Prepared By (Print Name)  
EMPLID (Required)

Phone #  Date

Authorized By  Date

Principal Investigator  Date

Detailed Explanation:
Mandatory if Transfer Involves Sponsored Fund

Second Department's Authorization:
<Required if More Than One Dept/Div Number Used>

Authorized By  Date

General Instructions:
1) Check Reason for Transfer. Detailed explanation is mandatory for LC 22 if in fund series 4xxxx, 5xxxx, or 6xxxx.
2) Originating Department must sign this Processing Copy on the "Prepared By" and "Authorized By" lines.
   The same person may NOT sign both the "Prepared By" and "Authorized By" lines.
   In addition, departments may be required to retain a Permanent Copy with Principal Investigator's signature.
3) If more than one department/division number is used, Second Department's Authorization must also be completed.
4) Only adjust Dependent Tuition if it is not proportionate to wages.
5) If this form is e-mailed, it must be copied to or forwarded from your department's authorized approver

Excel Spreadsheet Instructions:
6) Negative amounts should be entered with a - sign or in ( )
7) Spreadsheet must be balanced -- Control totals must be zero.

RETURN COMPLETED PAYROLL COST TRANSFER TO PAYROLL SERVICES AT CAMPUS BOX 1000  
OR FAX TO 935-7079 OR EMAIL TO PAYROLLC@AISMAIL.WUSTL.EDU

Rev 8/13