

WASHINGTON UNIVERSITY PAYROLL COST TRANSFER

P/E Date	Last Name, First Name	
EMPLID #	EMPL Record	Dept ID

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

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

Earnings Code	Account	Wages	Annuity	Soc-Sec	Oth.Frng	DepTuition
<i>Control Totals:</i>		0.00	0.00	0.00	0.00	0.00
<i>Must be zero</i>						

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)	_____

DETAILED EXPLANATION:
Mandatory if Transfer Involves Sponsored Fund

Originating Department's Authorizations:

Prepared By (Print Name)	EMPLID (Required)
Phone #	Date
Authorized By	Date
Principal Investigator	Date

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**