COST TRANSFER REQUEST FORM

(Prescribing Document – SSCSDINST 7300.6)

PM REQUESTING (PRINT NAME AND CODE)	SGNATURE	COST CENTER	TELEPHONE

SAP PR/PO NUMBER	SAP DOCUMENT #	SAP REFERENCE DOCUMENT #

REASON FOR REQUEST:

TYPE OF REQUEST (Check One)

☐ LABOR	☐ TRAVEL
☐ NON LABOR	☐ BANKCARD

FUNDING INFORMATION

	FROM	TO	TO	TO
WBS				
NETWORK/ACTIVITY				
FUNDING TYPE				
SPONSOR DOCUMENT				
ESTABLISH DATE				
EXPIRATION DATE				
BALANCE				

					NET TOTAL
ITEM AMOUNT					
STUB FEE					
TOTAL AMOUNT OF TRANSFER					

RESOURCE MANAGER REVIEW/APPROVAL	PRINT NAME AND CODE	DATE
APPROVING SIGNATURE (BRANCH HEAD OR HIGHER)	PRINT NAME AND CODE	DATE

STOP! Accounting personnel will complete the remaining fields

ACCOUNTING INFORMATION/APPROVAL

DATE TRANSFER REQUEST RECEIVED	ORIGINAL TRANSACTION WEEK	DATE PROCESSED IN SAP
☐ 1301A Review	DATE	DATE EMAIL SENT TO REQUESTER

☐ Request Approved ☐ Request Rejected	**STATUS**
SIGNATURE (HEAD, ACCT OFFICE, 11210) DATE	☐ Outstanding Obligation ☐ Converted Accrual /Payable ☐ Invoice Plan ☐ Cash Liquidations