

The Research Foundation of State University of New York at Stony Brook  
**Encumbrance/Expenditure Transfer Request Form (OTPS Only)**

| <b>TRANSFER FROM:</b>              |         |      |       |              |                  |        |
|------------------------------------|---------|------|-------|--------------|------------------|--------|
| Originally Paid/Encumbered on PO#: |         |      |       |              | Requisition #:   |        |
| Vendor Name:                       |         |      |       |              |                  |        |
| Payment / Encumbrance Date         | Project | Task | Award | Organization | Expenditure Type | Amount |
|                                    |         |      |       |              |                  |        |
| <b>TRANSFER TO:</b>                |         |      |       |              |                  |        |
|                                    |         |      |       |              |                  |        |

| <b>TRANSFER FROM:</b>              |         |      |       |              |                  |        |
|------------------------------------|---------|------|-------|--------------|------------------|--------|
| Originally Paid/Encumbered on PO#: |         |      |       |              | Requisition #:   |        |
| Vendor Name:                       |         |      |       |              |                  |        |
| Payment / Encumbrance Date         | Project | Task | Award | Organization | Expenditure Type | Amount |
|                                    |         |      |       |              |                  |        |
| <b>TRANSFER TO:</b>                |         |      |       |              |                  |        |
|                                    |         |      |       |              |                  |        |

| <b>TRANSFER FROM:</b>              |         |      |       |              |                  |        |
|------------------------------------|---------|------|-------|--------------|------------------|--------|
| Originally Paid/Encumbered on PO#: |         |      |       |              | Requisition #:   |        |
| Vendor Name:                       |         |      |       |              |                  |        |
| Payment / Encumbrance Date         | Project | Task | Award | Organization | Expenditure Type | Amount |
|                                    |         |      |       |              |                  |        |
| <b>TRANSFER TO:</b>                |         |      |       |              |                  |        |
|                                    |         |      |       |              |                  |        |

**JUSTIFICATION:**

[explain how expenditure relates to the new award, and reason it was not charged to this award originally]

|  |
|--|
|  |
|  |
|  |

**Approvals:** This Transfer is consistent with sponsored award terms and conditions, and with Research Foundation Policies.

\_\_\_\_\_  
 Principal Investigator  
 or  
 Authorized Signature

Date

\_\_\_\_\_  
 Office of Grants Management

Date

\_\_\_\_\_  
 Procurement/Accounting

Date

\_\_\_\_\_  
 Additional Signature as Required

Date

**Please complete the form and return it to the Office of Grants Management with a copy of the original requisition and/or purchase order.**