

## Non-Salary Cost Transfer Request Form

The form is used to adjust the distribution of non-salary expenses which have posted and impact a Sponsored Program.

For further information, refer to the Non Salary Cost Transfer Policy available at <a href="http://www.bu.edu/researchsupport/forms-policies/sponsored-program-non-salary-cost-transfer-policy/">http://www.bu.edu/researchsupport/forms-policies/sponsored-program-non-salary-cost-transfer-policy/</a>.

Contact your **Post Award Financial Operations (PAFO)** Research Administrator if you have any questions or need assistance completing this form. If you're not sure who your Research Administrators is go here: <a href="http://www.bu.edu/researchsupport/contact/departmental-contacts/">http://www.bu.edu/researchsupport/contact/departmental-contacts/</a>

Prerequisite – A journal entry has been created and parked using transaction FV50.

Once a grant related cost transfer journal entry, document type **ZK – Grant Cost Transfer** or **ZV – Grant Cost Transfer Over 90 Days** has been parked a <u>Non-Salary Cost Transfer Request form must be completed</u>.

Document Type	Description	Notes
ZK	Grant Cost Transfer	Moving a cost between a department and a grant or moving a charge across two grants. This document type is to be used when the original transaction date is less than 90 days from the date the journal entry is created.
ZV	Grant Cost Transfer Over 90 Days	Moving a cost between a department and a grant or moving a charge across two grants. This document type is to be used when the original transaction date is equal or greater than 90 days from the date the journal entry is created.

## How to Create and enter a Non-Salary Cost Transfer Request form

SAP Easy Access - Week Menne for SUMTWEEP
Menu a Log off System a User menu SAP menu SAP Busin
<ul> <li>▶ ☐ Favorites</li> <li>► ☐ User Menu for BUWTN512</li> </ul>
Common Role for all BU Users      DEPARTMENT APPROVER - DECENTRALIZED
1 Sources 2 ZGM_CSTR_REQ - Grant Non-Salary Cost Transfer Rec FB00 - Accounting Editing Options
<ul> <li>F-01 - Enter Sample Document</li> <li>FMJ_DISPLAY - Display FM Commt Carryforward Docs</li> </ul>

1 BUworks Central Portal → WebGUI → ECC System → SAP Easy Access Menu → ZGM\_CSTR\_REQ

To access this transaction you must have the **Department Submitter** or **Department Approver Decentralized Role**.



Grant Non-Salary Co	ost Transfer Request Form
Menu 🖌	Save as Variant Back Exit Cancel System  Execute Program Documentation
This form is used to adjust the distribution of n	ion-salary expenses which
have posted and impact a Sponsored Program	ſ.
* Please complete this form accurately and in	its entirety and attach all
necessary supporting documentation to the FV	/50 entry.
* The date of the original charge must be include	ded
(unless it has been included in the original FV5	50 entry).
For further information, refer to the Non Salary	Cost Transfer Policy available
at http://www.bu.edu/cfo/files/2011/07/Non-Sal	lary-Cost-Transfer-Policy.pdf
Contact your Research Administrator if you have	ve any questions or
need assistance completing this form.	
Document Number	1001532235 2
B Fiscal Year	2015
Document Type	

2	Document Number	Required	Enter SAP Journal Entry document number (e.g.: FI Document).
3	Fiscal Year	Required	Enter the Fiscal Year that the journal entry was created in.
4	Document Type	Optional	Enter or select- ZK (Grant Cost Transfer) or ZV (Grant Cost
			Transfer Over 90 Days).

Grant Non-Salary Cost Transfer Request Form	
$\oplus$ Attach to Doc & if applicable send email $\mathbf{G}^{2}$ Validate Before Submitting	
Basic Data	
Document Date 02/05/2015	
Posting Date 02/05/2015 Period 8	Amount Information
Document Number 1001529630	Total Dr.
Reference	600.00 USD
Doc.Header Text Test case 4 ZV to 1 CO	Total Cr.
Document Type ZV Grant Cost Trans >90	600.00 USD
A. IF WITHIN 90 DAYS OF ORIGINAL TRANSACTION DATE	
Justification supporting the necessity of the transfer:	
K. Gabel, distinguished authority on New England gravestones, with symbolism and special languages.	ll introduce attendees to the stones, thei $\mathbf{A}$
A detailed explanation of what caused the error and how it was discovered. An exp	lanation that states
to "correct a clerical error" or "transfer to correct grant or contract" is not sufficient	
K. Gabel, distinguished authority on New England gravestones, will symbolism and special languages.	ll introduce attendees to the stones, thei



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	B. IF IN EXCESS OF 90 DAYS OF THE ORIGINAL TRANSACTION DATE
	Provide the extenuating circumstance for the delay in processing adjustment:
	K. Gabel, distinguished authority on New England gravestones, will introduce attendees to the stones, thei symbolism and special languages.
Contraction of the local distribution of the	Identify the controls that will be implemented or what action has been taken to ensure the error does not occur again:
ĺ	hey
ł	

5	Section A - For ZK and ZV entries	Required	A thorough explanation justifying and supporting the necessity of the transfer is required. Note: Answers are limited to 500 characters.
6	Section B – For ZV entries only	Required	For explanation of delay in processing and controls to be implements. Note: Answers are limited to 500 characters.
7	Principal Investigator	Required	Highlight and select the Principal Investigator (PI) to receive the approval email. This should always be the PI for the account being debited.

Basic Data							
Document Date	02/05/2015						
Posting Date	02/05/2015	Period	8	Am	ount Informatio	n	
Document Number	1001529630			Тс	otal Dr.		
Reference				60	0.00	USD	
Doc.Header Text	Test case 4 ZV	to 1 CO		Т	otal Cr.		
Document Type	ZV Grant Cos	t Trans >00		60	0.00		
hey		· · ·	-				
hey		· · ·					
hey	incipal Investigato	or to receive ap	# # proval email				
hey Arrow Ar	incipal Investigato	or to receive ap	entroval email D/C	Order	Grant		
hey Please select the Pr FULL NAME Craig Gerome	incipal Investigato Email CGEROME@BI	or to receive ap	pproval email D/C Debit	Order 9500303909	Grant 50203062		
hey Please select the Pr FULL NAME Craig Gerome	incipal Investigato Email CGEROME@BI	or to receive ap	pproval email D/C Debit	Order 9500303909	Grant 50203062		
hey  Please select the Pr FULL NAME Craig Gerome	incipal Investigato Email CGEROME@BI	or to receive ap	proval email D/C Debit	Order 9500303909	Grant 50203062		

Submitting Click Click being button to check request form	8 Validate Before Submitting	Required	Click	Validate Before Submitting	button to check request form.
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9	System Message	System messages will display here.
		Example of a common system error message:
		Text greater than 500 characters for cause of error, please edit.
10	Attach form to document	Click on Attach to Doc & if applicable send email button to submit form.
		For document type <b>ZV</b> entries, a system generated email will be sent to the selected Principle Investigator



## **11 System Message** System messages will display here.

🗹 The Non Salary Cost transfer form has been attached. Emails have been sent to Principal Investigator Craig Gerome, PAFO, and Initiator.

## You have successfully attached the form!

 12
 To confirm attachment, go to FBV3 to display the entry.

 Display Parked Document: Initial Screen

 Image: Image:

Service: Attachment I AttachmentForTRBU 2352015	×
Icon Title Creator Name Created On	
nonsal_cost_xfer_20150330_221234_BUWTN! BUWTN512 03/30/2015	
	×