## Georgia Institute of Technology OVER 90 DAYS LATE EXPRESS DIRECT RETRO (EDR) TRANSMITTAL FORM

Dept/Org Number	· I	ept / Org Name		
Employee Name				Employee ID #
		Contact/A	Approval Information	
Requested By:			Title:	
Date:	Phone:	Email:		
Approved By:			Date:	
Approved By: (if shared)			Deter	Dont ID
Approved By:			Date:	Dept ID
(if shared)			Date:	Dept ID
	C	urrent FY Prior FY		
<ol> <li>Correct:</li> <li>New Avoid a new</li> <li>Allowal</li> <li>Renewa</li> </ol>	ion of clerical erro ward costs incurred v award/fund. ble pre-award cost	r or data input identified I during the award period s (incurred prior to the aw	ployee, PD/PI, or authorize by authorized unit financial d charged temporarily to oth ward period) initially charge consored increment or to oth	personnel. er allowable funds pending establishment d to other allowable funds.
JUSTIFICATION	FOR LATE TRANS	FER (Complete this sectio	n for requests over 90 days) *	*
Pay Period End D	ate	Date of Request	:	Days Late:
(a) Explain why tl	he expense was not	originally charged to the co	rrect project.	
(b) Explain how t	he expense benefits	the scope of work on the ""	TO" project. What work did the	e employee perform?
(c) Explain why t	he error was not ide	ntified and corrected timely	y (within 90 days of the Pay Pe	riod End date).
(d) Explain what	steps are in place to	prevent the need for a late	cost transfer going forward. In	clude people/groups involved and frequency

Cost Transfer of Charges FROM:		From Project #	Fund #	Source (e.g. Sponsor Name, GTF, etc.)		Prime Sponsor/ Agency			
		Start Date	End Date	Cost Share Obligation	Balance				
Cost Transfer of Charges TO:		Project #	Fund #	Source (e.g. Sponsor Name, GTF, etc.)		Prime Sponsor/ Agency			
		Start Date	End Date	Cost Share Obligation	Balance	F&A Rate			
PERSONAL SERVICES									
Pay End Date	Salaries	Fringe	Tuition	Subtotal	F&A	Total transfer			

Revised 4/2022