Auxiliary for Sponsored Programs Administration Payroll Expenditure Adjustment

	NOTE: Do not leave a	ny form fields BLANK!! P	lace at le	ast one character in e	ach fie	eld - example '	'X" or "0"		
Payroll	to be Moved From:								
	Dept #	Fund		Program		Class			
	Grant/ Project	Employee to be moved:				Employee ID: (if known)			
Payroll	to be Moved To:								
	Dept #	Fund		Program		Class			
	Grant/ Project	ONE TIME MOVE	MOVE ONGOING MOVE - Include Labor Distribution				n Change Form		
		Must choose one of these fiel		E MOVE" or "ONGOING MOVI MONTH AMOUNTS below.	E"				
Months	to be Adjusted (indicate am				<u>urrent</u>	Fiscal Year			
	July	August		September		Octobe	r		
	November	December		January		Februa	ry		
	March	April		May		June			
Approved By: Date:									
Addition	al Information:								
Submitted	I by:	7 <u>X</u>							
		GRaSP Signature	.,			FOR PI	R AND GA USE C	NLY:	
Extension	:	original form and requ	ired backup	please submit the completed documents to the		Corrected B	у	Date	
			Office of Grants, Research, and Sponsored Programs (GRaSP) DDH D108 extension 2231			PR		PR	

CHECK AND PRINT FORM -->

RESET FORM

*For ongoing move instructions, attach with signed original and backup to the Payroll Office.

LCD Production/LCD Payroll Move Request Updated 2/18/2013

Please send copy to GRaSP

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