

The Florida State University Research Foundation, Inc.
874 Traditions Way, PO Box 3064166

SALARY TRANSFER REQUEST

RF Account # _____

OMNI Dept./Fund #: _____

OMNI Project ID #: _____

OMNI Proposal #: _____

FSU Contact Person _____

Campus Telephone # _____

Purpose: To increase/(decrease) salary budget in the above-referenced FSU/SRA account number on behalf of the above-referenced RF account number.

Current Budget Amount \$ _____

Increase/(Decrease)

REVISED TOTAL \$ 0.00

PI CERTIFICATION

I understand that the amounts indicated above are for Salary/OPS payroll expenditures ONLY, and that any unused amounts must be returned to the Research Foundation account at the expiration of the project.

Principal Investigator

Date

RF / SRA USE ONLY

Approvals:

RF Business Office _____

OMNI Entry _

RF Sal. Enc. _

By

Date

Sponsored Research Accounting:

Posted to Commitment Control _____

Contract/Amendment Ac# _____

By