

Date: _____ Department Name: _____

Project Director: _____

Contact (Name, phone and e-mail): _____

Foundation Fund Name & Number: _____

WBS/Cost Center Number: _____ Balance of Account: _____

(Put amount as shown on WBS Statement "Bottom Cell in the Life to Date" column)

Description of Project (Planned Use of Funds): _____

Funding Period (Enter start & end date): _____

Salary Expenses:

<u>Name & Nature of Work Performed</u>	<u>Salary</u>	<u>Benefits</u>	<u>Total</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Expenses:

<u>Provide a Detailed Description</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

Grand total Salary & Other Expenses: _____

ONE-TIME AWARD PAYMENTS TO FACULTY AND STAFF		<u>PAYROLL USE ONLY</u>	
Employee Name: _____	Position Name: _____	Gross Amt. _____	
SAP Personnel Code: _____	Title Code: _____	FICA Cost _____	
Gross Amount: _____	Date Available: _____	Total Cost _____	
Reason for Payment _____		NUF Auth. Amt. _____	

I certify that the above expenditure is in agreement with the fund agreement for the foundation account number listed.

Signature Date

Signature Date

Signature Date

Signature Date

Foundation Use:

The following three areas have been checked:

- 1) Authorized Signers
- 2) Purpose
- 3) Sufficient Funds

By Date

Supervisor Approval:

By Date