|  |  |
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| **UNIVERSITY OF WYOMING FUNDING FORM**  |  |
| **Funding Form for Entries Not Eligible for Costing Module Transactions** |  |
| Hourly Non-Benefited, Temporary Lecturers and Monthly Pooled. Corrections to Corrections Only for All Others. |  |
| Last Name |  | First Name |  |  |
| Person Number |  | Department |  |  |
| **Complete one form per person, per transaction (i.e. Regular Salary and MCD require two separate forms)** |  |
|[ ]  New Funding  |[ ]  Change Current or Future Funding  |[ ]  Expenditure Correction (retroactive change)  |  |
| **Do not select more than one box below, except for Project Funding, i.e. Benefited Position or Individual Compensation, not both** |  |
|[ ]  Benefited Position  | Position Number |  | Annual Rate |  |  |
|[ ]  Non-Benefited Position | Assignment Number |  | Pay Rate |  |  |
|[ ]  Individual Compensation |  Select One From List | Pay Rate |  |  |
|[ ]  Graduate Assistant  | All GA Payroll changes must be approved by AVP Graduate Education |  |
|[ ]  Project Funding  | Salary correction(s) submitted more than 90 days after the original charge and impacting projects must be approved by Sponsored Programs and the project PM. A justification for the change must be included and also signed by the PM. |  |

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|  **Current Funding** (use continuation form for additional strings) |  |
| Effective Fund Fund Expense Date Percent Entity Account Class Source Organization Class Program Activity Future Project Task |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |  |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |  |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |

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|  **New Funding** (use continuation form for additional strings) |
| Funding must be a **percentage**, not an amount, and **EACH** effective date must total 100% |
| Effective Fund Fund Expense Date Percent Entity Account Class Source Organization Class Program Activity Future Project Task |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |

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| 1) Completed By (Typed) |   | Phone |        | Date |        |
|   |
| 2) Cost Center Approver (Signature) |        | Date |        |
|  |
| 3) Sponsored Programs (>90 days corrections only) |        | Date |        |
|  |
| 4) Project Manager (>90 days corrections only) |        | Date |        |
|  |
| 5) Vice Provost & Dean Graduate Education |        | Date |        |