

<b>UNIVERSITY OF WYOMING FUNDING FORM</b>									
<b>Funding Form for Entries Not Eligible for Costing Module Transactions</b>									
Hourly Non-Benefited, Temporary Lecturers and Monthly Pooled. Corrections to Corrections Only for All Others									
Last Name					First Name				
Person Number			Department						
<b>Complete one form per person, per transaction (i.e. Regular Salary and MCD require two separate forms)</b>									
<input type="checkbox"/>	New Funding		<input type="checkbox"/>	Change Current or Future Funding		<input type="checkbox"/>	Expenditure Correction (retroactive change)		
<b>Do not select more than one box below, except for Project Funding, i.e. Benefited Position or Additional Pay, not both</b>									
<input type="checkbox"/>	Benefited Position		Position Number		Annual Rate				
<input type="checkbox"/>	Non-Benefited Position		Assignment Number		Pay Rate				
<input type="checkbox"/>	Individual Compensation				Pay Rate				
<input type="checkbox"/>	Graduate Assistant		All GA Payroll changes must be approved by AVP Graduate Education						
<input type="checkbox"/>	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 Project Manager.						

<b>Current Funding</b> (use continuation form for additional strings)												
Effective Date	Percent	Entity	Account	Fund Class	Fund 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	

<b>New Funding</b> (use continuation form for additional strings)												
Funding must be a <b>percentage</b> , not an amount, and <b>EACH</b> effective date must total 100%												
Effective Date	Percent	Entity	Account	Fund Class	Fund 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	

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 & Graduate Education								Date		