UNIVERSITY OF NEBRASKA - LINCOLN

FORM FOR RECORDING INDUSTRY INCOME

Transfer Completed by	Phone Number	E-Mail		Date
Project Director				
WBS Number	(a new WBS number will be established)	College		
(ii lott siain	(a new Wide number will be established)			
Title of Project or Award				
IANR USE ONLY: Class Code	Project number			
Industry Identification				
Funding Period: From		То		
CALADY EVDENCES.				
SALARY EXPENSES: Name and Nature of W	/ork Performed	FTE %	<u>Salary</u>	<u>Benefits</u>
				-
Total Salary and Benefits				
OTHER EVERNOES.	Detailed Description			A t
OTHER EXPENSES:	<u>Detailed Description</u>			<u>Amount</u>
Total Other Expenses				
GRAND TOTAL SALARY & OTHER E	XPENSES			
Signatures:				
orginatures.				
Draiget Director	Data			
Project Director	Date			
Department Chair	Date			
Department Chair	Date			
Dean of College	Date	Office of Sponsored Programs		Date

 $\label{lem:complete} \mbox{Complete this form to record donations made directly to the University of Nebraska-Lincoln.}$

Attach the check or Bursar's Cash Receipt along with any other documentation and mail to the Office of Sponsored Programs - 151 Whittier Research Center (0861).

For industry awards of \$600. or more an Interest Reporting Form should be completed.