

**UNIVERSITY OF NEBRASKA - LINCOLN**  
**FORM FOR RECORDING INDUSTRY INCOME OR FOUNDATION TRANSFERS**

|  |                    |                  |            |
|--|--------------------|------------------|------------|
| Transfer Completed by _____                          | Phone Number _____ | E-Mail _____     | Date _____ |
| Project Director _____                               |                    | Department _____ |            |
| WBS Number _____                                     |                    | College _____    |            |
| (if left blank a new WBS number will be established) |                    |                  |            |
| Title of Project or Award _____                      |                    |                  |            |

|  |                             |
|--|-----------------------------|
| <b>IANR USE ONLY: Class Code</b> _____ | <b>Project number</b> _____ |
|--|-----------------------------|

Industry Identification \_\_\_\_\_  
**OR**  
 UNF Fund Name \_\_\_\_\_ UNF Fund No. \_\_\_\_\_

Funding Period: From \_\_\_\_\_ To \_\_\_\_\_

**SALARY EXPENSES:**

| <u>Name and Nature of Work Performed</u> | <u>FTE %</u> | <u>Salary</u> | <u>Benefits</u> |
|--|--------------|---------------|-----------------|
|  |              |               |                 |
|  |              |               |                 |
|  |              |               |                 |
| Total Salary and Benefits                |              |               |                 |

**OTHER EXPENSES:**

| <u>Detailed Description</u> | <u>Amount</u> |
|-----------------------------|---------------|
|                             |               |
|                             |               |
|                             |               |
| Total Other Expenses        |               |

**GRAND TOTAL SALARY & OTHER EXPENSES**

|  |                         |       |                            |                         |                     |                  |                                   |  |                     |  |                           |  |  |           |       |           |       |             |       |                |       |
|--|-------------------------|-------|----------------------------|-------------------------|---------------------|------------------|-----------------------------------|--|---------------------|--|---------------------------|--|--|-----------|-------|-----------|-------|-------------|-------|----------------|-------|
| *ONE-TIME AWARD PAYMENTS TO FACULTY AND STAFF *  |                         |       |                            |                         |                     |                  |                                   |  |                     |  |                           |  |  |           |       |           |       |             |       |                |       |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">*EMPLOYEE NAME _____</td> <td style="width: 50%;">_____</td> </tr> <tr> <td>*Social Security No. _____</td> <td>SAP Personnel No. _____</td> </tr> <tr> <td>*Position No. _____</td> <td>Title Code _____</td> </tr> <tr> <td colspan="2">*Date Available to Employee _____</td> </tr> <tr> <td colspan="2">*Gross Amount _____</td> </tr> <tr> <td colspan="2">*Reason for Payment _____</td> </tr> </table> | *EMPLOYEE NAME _____    | _____ | *Social Security No. _____ | SAP Personnel No. _____ | *Position No. _____ | Title Code _____ | *Date Available to Employee _____ |  | *Gross Amount _____ |  | *Reason for Payment _____ |  | <p style="text-align: center; font-weight: bold; font-size: small;">PAYROLL USE ONLY</p> <table border="0" style="width: 100%;"> <tr> <td>Gross Amt</td> <td>_____</td> </tr> <tr> <td>FICA Cost</td> <td>_____</td> </tr> <tr> <td>Total Costs</td> <td>_____</td> </tr> <tr> <td>UNF Auth. Amt.</td> <td>_____</td> </tr> </table> | Gross Amt | _____ | FICA Cost | _____ | Total Costs | _____ | UNF Auth. Amt. | _____ |
| *EMPLOYEE NAME _____   | _____                   |       |                            |                         |                     |                  |                                   |  |                     |  |                           |  |  |           |       |           |       |             |       |                |       |
| *Social Security No. _____   | SAP Personnel No. _____ |       |                            |                         |                     |                  |                                   |  |                     |  |                           |  |  |           |       |           |       |             |       |                |       |
| *Position No. _____  | Title Code _____        |       |                            |                         |                     |                  |                                   |  |                     |  |                           |  |  |           |       |           |       |             |       |                |       |
| *Date Available to Employee _____  |                         |       |                            |                         |                     |                  |                                   |  |                     |  |                           |  |  |           |       |           |       |             |       |                |       |
| *Gross Amount _____  |                         |       |                            |                         |                     |                  |                                   |  |                     |  |                           |  |  |           |       |           |       |             |       |                |       |
| *Reason for Payment _____  |                         |       |                            |                         |                     |                  |                                   |  |                     |  |                           |  |  |           |       |           |       |             |       |                |       |
| Gross Amt  | _____                   |       |                            |                         |                     |                  |                                   |  |                     |  |                           |  |  |           |       |           |       |             |       |                |       |
| FICA Cost  | _____                   |       |                            |                         |                     |                  |                                   |  |                     |  |                           |  |  |           |       |           |       |             |       |                |       |
| Total Costs  | _____                   |       |                            |                         |                     |                  |                                   |  |                     |  |                           |  |  |           |       |           |       |             |       |                |       |
| UNF Auth. Amt.   | _____                   |       |                            |                         |                     |                  |                                   |  |                     |  |                           |  |  |           |       |           |       |             |       |                |       |

Signatures (required)

|                        |            |   |                         |
|------------------------|------------|---|-------------------------|
| Project Director _____ | Date _____ | Payroll Office _____                    | Date _____              |
| Department Chair _____ | Date _____ | University of Nebraska Foundation _____ | Date _____              |
|                        |            | Restricted Fund _____                   | Unrestricted Fund _____ |
| Dean of College _____  | Date _____ | Office of Research Management _____     | Date _____              |