

Scholarship Incentive Program  
Request for Payment

Name \_\_\_\_\_ Banner ID \_\_\_\_\_  
Position Number \_\_\_\_\_ Annual Salary \_\_\_\_\_

Please list the FOP(s) on which this position was budgeted:

FOP \_\_\_\_\_ % \_\_\_\_\_  
FOP \_\_\_\_\_ % \_\_\_\_\_  
FOP \_\_\_\_\_ % \_\_\_\_\_  
FOP \_\_\_\_\_ % \_\_\_\_\_

Please complete the section below to itemize the extramural grant or contract funds used to create salary savings.

Sponsored FOP	Sponsor	Indirect Cost Rate	Amount of Salary Savings Generated
Total Salary Savings Generated			
Total AU Fixed Fringe Benefits Savings Generated			

LESS Departmental Reductions *(lack of available funds, PT instructor costs, etc)* \_\_\_\_\_

Eligible Scholarship Incentive Payment *(not to exceed 20% of Annual Salary)* \_\_\_\_\_

Total AU Fixed Fringe Benefits *(30.1% of eligible Scholarship Incentive Payment)* \_\_\_\_\_

Total Scholarship Incentive Payment \_\_\_\_\_

FOP to fund Scholarship Incentive Payment:

FOP \_\_\_\_\_ % \_\_\_\_\_  
FOP \_\_\_\_\_ % \_\_\_\_\_

\_\_\_\_\_  
Faculty Signature Date

\_\_\_\_\_  
Department Head/Chair Signature Date

\_\_\_\_\_  
Associate Dean for Research Signature Date

\_\_\_\_\_  
Provost & VP for Academic Affairs Signature Date