## Scholarship Incentive Program Request for Payment

Name	Banner I	$ID_{\_}$		
Position Number	Annual Salaı	ry _		
Please list the FOP(s)	on which this position was budgeted:			
FOP	<u> </u>	% _		_
FOP	<u> </u>	% _		_
FOP		%		
FOP		%		
		_		_
Please complete the section b	elow to itemize the extramural grant or contract funds used to	o cre	ate salary savings.	
			In diverse Coas	Amount of Colomi
Spansarad EOD	Spansor		Indirect Cost	Amount of Salary
Sponsored FOP	Sponsor	+	Rate	Savings Generated
		+		
		-		
Total Calamy Cavings C	anaratad			
Total Salary Savings Generated Total AU Fixed Fringe Benefits Savings Generated				
Total AU Fixed Fringe	Benefits Savings Generated			
LESS Donartmontal Po	eductions (leak of employle finals DT instruments and			
LESS Departmental No	eductions (lack of available funds, PT instructor costs, etc)			
Eligible Scholarship In	centive Payment (not to exceed 20% of Annual Salary)			
Total AU Fixed Fringe Benefits (30.1% of eligible Scholarship Incentive Payment)				
Total Scholarship Ince	entive Payment			
EOD to fund Scholarsh	nip Incentive Payment:			
FOP	·	%		
FOP		″- %		_
		<sup>70</sup> –		_
Faculty Signature			Date	
Department Head/Chair Si	gnature	L	Date	
Associate Dean for Researc	ch Signature	Г	Date	
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