

UNIVERSITY OF RICHMOND STUDENT SUMMER RESEARCH PAYMENT FORM

Student Full Nan	ne		UR ID	Department	
Will this student live on-campus this summer?			Yes	No	
Will the student travel outside the US to perform any of this work?			Yes	No	
Will the student receive academic credit for this fellowship?			Yes	No	
Please enter inde	ex and amount of total	summer salary to be charaed	to your grant in the space provide	ed helow.	
INDEX	ACCT	AMOUNT	GRANT TITLE		
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Hourly rate is acl	hieved as follows: Tota	to your grant(s) in the Total An I Amount of Pay / Number of W	Veeks Working = Weekly Salary. W	/eekly Salary / Estimated Hours per week	
TOTAL AMOUNT OF PAY			STARTING WORK DATE		
NUMBER OF WE	EKS WORKING		ENDING WORK DATE		
HOURLY RATE			ESTIMATED HOURS PER WEEK		
published deadling for this student. proxy should be a	nes. Students will recei The approver and prox	ve an email reminder to submi	t hours to the Payroll Office. Pleadge of work being performed. Type Admins cannot approve time.	worked must be submitted in WTE by the se enter name of Web Time approver and proxy ically, the PI should be the approver and the	
Approver			Proxy		
Principal Investigator Signature Date		Date			
Return the comp	leted form via email to	grants@richmond.edu, or click	k Submit Button. <mark>Submit by April</mark> :	<u></u>	