

## UNIVERSITY OF RICHMOND FACULTY SUMMER SALARY REQUEST

Full Name	UR ID		Department	
Are you a part-time University Employee?	Yes No	)		
Enter index, account, and amount of summer disbursed prior to effort being expended. Plea				
INDEX		MONTH WORKED	PAY DATE	MONTHLY AMOUNT
ACCT		JUNE 2024	→ JUN 28	
TOTAL AMOUNT		JULY 2024	→ AUG 01	
GRANT AGENCY/TITLE		AUGUST 2024	→ AUG 30	
INDEX		MONTH WORKED	PAY DATE	MONTHLY AMOUNT
ACCT		JUNE 2024	→ JUN 28	
TOTAL AMOUNT		JULY 2024	→ AUG 01	
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TOTAL AMOUNT		JULY 2024	$\rightarrow$ AUG 01	
GRANT AGENCY/TITLE		AUGUST 2024	→ AUG 30	
In accordance with the requirements of the U educational institutions, salaries for sponsore I understand that this grant will pay me appropercentage of my time on this grant.	d agreements must produce a prop	oortionate distribution of c	harges for the em	ployees' activities.
Principal Investigator Signature	Date	Grants Accounting Office	e Signature	Date
Return the completed form via email to grant	s@richmond.edu, or click Submit B	utton. <b>Submit by May 31,</b>	2024	