UNIVERSITY OF RICHMOND STUDENT SUMMER RESEARCH STIPEND REQUEST

Student Name: ____________________ UR ID: ____________________ Department: ____________________

Index: _______ Acct: _______ Amount: ________________ Grant Agency/Title ______________________________________________________________________________

Index: _______ Acct: _______ Amount: ________________ Grant Agency/Title ______________________________________________________________________________

Index: _______ Acct: _______ Amount: ________________ Grant Agency/Title ______________________________________________________________________________

*Stipend Amount Only – Do Not Include Fringe Amount

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Total Amount of Pay: ____________ Number of Weeks Working: _______ Number of Bi-weekly Pay Periods: ____________

Amount Per Pay Period: ____________ *If Odd Number of Weeks Working, Amount for LAST Pay Period (1) Week: ____________

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Starting Work Date: ____________ Ending Work Date: ____________ Hours per Week: ____________

*Please check the approximate pay periods that most closely match the time periods worked:

<table>
<thead>
<tr>
<th>Pay Period</th>
<th>Pay Date</th>
<th>Pay Period</th>
<th>Pay Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/29/12 - 05/12/12</td>
<td>05/18/12 ( )</td>
<td>06/24/12 - 07/07/12</td>
<td>07/13/12 ( )</td>
</tr>
<tr>
<td>05/13/12 - 05/26/12</td>
<td>06/01/12 ( )</td>
<td>07/08/12 - 07/21/12</td>
<td>07/27/12 ( )</td>
</tr>
<tr>
<td>05/27/12 - 06/09/12</td>
<td>06/15/12 ( )</td>
<td>07/22/12 – 08/04/12</td>
<td>08/10/12 ( )</td>
</tr>
<tr>
<td>06/10/12 - 06/23/12</td>
<td>06/29/12 ( )</td>
<td>08/05/12 – 08/18/12</td>
<td>08/24/12 ( )</td>
</tr>
</tbody>
</table>

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Paychecks in the summer have FICA taxes withheld. Students paid from grant funds must record their required work hours weekly and sign their student logs weekly. The student log must be verified and signed by the PI before returning it to the Grants Accounting Manager when the summer research work is complete. Note: Grant funds pay students and international students for summer research work based on the required work hours which are not to exceed 40 hours per week during the 10 weeks of summer research.

Principal Investigator Signature Date Grants Accounting Manager Signature Date

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Accounting Office Use Only Fringe Charge allowed on grant yes______ no_______ Fringe Amount__________ Index__________

Account__________ Year End Adjustment__________ End of Summer Adjustment__________

Return this form to the Grants Accounting Manager - Robert Plymale in the Controller’s Office by campus mail or fax to 287-6080.