

Change in Primary Funding Source
FOR FUNDING CHANGES WITHIN SAME DEPARTMENT ONLY!

Monthly Bi-weekly Undergraduate Graduate Assistant

Last Name: _____ First Name: _____ EMPLID: _____

Contact Name: _____ Contact Phone Number: _____

Department Name: _____ Box Number: _____

Effective Date of Action: _____ End Date: _____

Moving From:

	Fund 1:	Fund 2:	Fund 3:	Fund 4:
Fund Code:				
Department:				
Program:				
Project/Grant:				
% Paid From This Source:	%	%	%	%

(Department number moving "To" must be the same department you are moving "From". If not, please submit a PAF to Human Resources.)

Moving To:

	Fund 1:	Fund 2:	Fund 3:	Fund 4:
Fund Code:				
Department:				
Program:				
Project/Grant:				
% Paid From This Source:	%	%	%	%

Signature Authority _____

Date: _____

ORA/OFPA _____

Date: _____

Additional Signatures (If required by Department)

Chair/Director _____

Date: _____

Dean _____

Date: _____

**If current funding paperwork expires before new paperwork is submitted, charges will default to the home department.*

Routing instructions:

If moving to a grant only, send to the Office of Research Administration (ORA).

If moving to a grant and any other funding source, send to OFPA.

If moving to a non-grant account, send to OFPA.

If more than one sheet needed per person, complete a second sheet and attach.

ORA/OFPA use only:

Date Entered: _____

Entered by: _____