



Instructions

Please fill out the form, sign below and route to next person in signature line

Faculty Name _____ Fiscal Year _____
 Department _____ Faculty Member _____ Academic _____ Fiscal _____
 Payroll Period _____
 Submitted by Name _____ Faculty Annual Salary _____

Source of Funding

Project Name _____ Buyout Amount _____
 Combo Code _____ Semester _____ Spring _____ Fall _____
 Buyout Return Dist _____ / _____
 College 20% _____ Department 80% _____

Funding Source
Chartstring

Dept ID	Fund	Program	Class	Account	Project	PC Bus Unit	Activity
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Return Dept
Discretionary Funds
To

Dept ID	Fund	Program	Class	Account	Project	PC Bus Unit	Activity
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Please provide any additional relevant information

Department Head Name _____ Date _____ Signature _____

FC Research Support (fcrest@uga.edu) _____ Date _____ Signature _____

Division Associate Dean Name _____ Date _____ Signature _____

Completed form must be e-mailed to FC Business Office (gcparker@uga.edu)