

WEBER STATE UNIVERSITY

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Accounting Services
Document number:
Date:

Waiver of Income Request and Transfer Form
 (Must be completed prior to performing services)

I: Department providing income must complete this section			
Employee Name:		W#:	
Semester or Date(s) of Service/Award:			
Income Source (Check one and describe)			
<input type="checkbox"/> Teaching (Course number)			
<input type="checkbox"/> Presentation			
<input type="checkbox"/> Prize/Award			
<input type="checkbox"/> Other			
Income amount: \$		Benefi W V D P R X Q W L I D S S O L F D E O H	
Fund to transfer from (description)			
Index (Old FRS Account)	Fund	Orgn	Account : D L Y H U Q R R P H
Authorized Signature:		Date:	
II: Employee waiving income must complete this section			
In lieu of compensation for the income source listed above, I request the funds be transferred to:			
College or gift fund to transfer to (description)			
Index (Old FRS Account)	Fund	Orgn	Account 5 : D L Y R U Q F R P H
I realize that this is waived income and that I have no control over how the funds are allocated. It is not expected that I will benefit directly from the use of the funds. I am not entitled to receive a gift receipt.			
Signature of Employee:		Date:	

Accounting Services approval: _____ Date: _____