

Funding Data Form

Employee Name:	Empl ID:	Empl Rcd#:
Business Unit:	Department:	

Funding Data Entry

Effective Date: mm/dd/yyyy Fiscal Year:

Funding Distribution
 Original **Change From** Select Budget Level: Appointment Position Department

Line	SEQ#	GL Business Unit (5 characters)	Fund (3 digits)	DeptID (6 digits)	Program (1 digit)	Project/Grant ID (7 characters)	Distribution% (000.000)	Earnings Code (3 character)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Change To Select Budget Level: Appointment Position Department

Line	SEQ#	GL Business Unit (5 characters)	Fund (3 digits)	DeptID (6 digits)	Program (1 digit)	Project/Grant ID (7 characters)	Distribution% (000.000)	Earnings Code (3 character)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Approver Name:	Signature:	Date: mm/dd/yyyy
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Office Use Only
 Update completed for Empl ID: