

Initiator Information

Date _____

Note: Initiator cannot be the same person as the Payee

Name _____

Department _____

LU E-mail _____@liberty.edu

Phone # _____

Payee Information

Employee Name _____

Project Title _____

Employee ID # _____

Funding Agency _____

Type of Project Personnel:

PD/PI

Graduate Student

Undergraduate Student

Administrative

	Project Index Code	Account / Commodity	Amount	Purpose/Description
1	1H2016*		\$	
2	1H2016		\$	
3	1H2016		\$	
4	1H2016		\$	
5	1H2016		\$	
Total Check Amount			\$	

Approvals

Dept Supervisor/Chair (Print) _____ (Sign) _____ Date _____

Dean/Division Leader (Print) _____ (Sign) _____ Date _____

Dean of the Graduate School (Print) _____ (Sign) _____ Date _____

Provost (Academics only) (Print) _____ (Sign) _____ Date _____

Office of Sponsored Programs (Print) _____ (Sign) _____ Date _____

VP for Human Resources (Print) _____ (Sign) _____ Date _____

*Payroll for all externally sponsored programs is allocated to 1H2016. If your request is for payroll related to anything other than an externally funded project, please use the standard Request for HR Disbursement found on the Financial Planning & Budgeting page.