

UNIVERSITY OF NORTH GEORGIA
Grant Budget Requests - Personal Services

Fiscal Year: _____

Account Name:

Account No:

OBJECT	NAME	CURRENT BUDGET	ADJUSTMENTS (+ OR (-))	REVISED BUDGET
511xxx	Regular Faculty	_____	_____	_____
	Name (_____) Amount (_____)			
	Name (_____) Amount (_____)			
512xxx	Part-time Faculty	_____	_____	_____
513xxx	Summer Faculty	_____	_____	_____
514xxx	Faculty Overloads	_____	_____	_____
516xxx	Extra Comp Faculty/ Faculty VPO	_____	_____	_____
524xxx	Student Assistants/ Grad Assistants	_____	_____	_____
521xxx	Professional & Administrative <i>(benefited only)</i>	_____	_____	_____
	Name (_____) Amount (_____)			
	Name (_____) Amount (_____)			
522xxx	Staff <i>(benefited positions only)</i>	_____	_____	_____
	Name (_____) Amount (_____)			
	Name (_____) Amount (_____)			
525xxx	Casual Labor <i>(non-benefited temporary staff)</i>	_____	_____	_____
526xxx	Extra Comp Staff/ Staff VPO	_____	_____	_____
5	< Other _____	_____	_____	_____
5	< Other _____	_____	_____	_____
Fringe Benefits (Estimated 38%):				
	FICA Employer (Total 7.65%)	_____	_____	_____
551xxx	<i>(FICA-Social Security 6.20%; FICA-Medicare 1.45%)</i>	_____	_____	_____
552xxx	State Teachers Retirement (19.98%)	_____	_____	_____
553xxx	Group Health & Life Insurance (10.37%)	_____	_____	_____
TOTAL PERSONAL SERVICES		_____	_____	_____

I shall comply with approved Budget breakdown of the Business Office and submit all requests for changes in line items before expenditure requests are initiated.

Submitted by: _____
Principal Grant Investigator

Verified: _____
Office of Sponsored Programs

COMMENTS:

Verified: _____
Comptroller's Office

**Completed Forms should be submitted to the Office of
Sponsored Programs followed by the Comptroller's Office.**
If you need this document in an alternate format, please contact
budgetoffice@ung.edu or call 706-867-2837.