

UNIVERSITY OF NEBRASKA AT OMAHA

Payroll Transfer

General Information (Completed by Department)

Faculty/Staff Name: _____ Personnel Number: _____ SSN: _____
 Pay Periods Covered by Transfer: _____ From: _____ To: _____ Monthly Bi-Weekly

Reason for Transfer:

Original Distribution of Salary/Wages

| Completed by Department | | | | | | | | | |
|-------------------------|-------------------------|-------------|----------|-------------------|-------------|---------------|-----------------|------------------|----------------|
| Position Number | Cost Center/WBS Element | G/L Account | Amt Paid | Benefits | | | | | Total Transfer |
| | | | | 519100 Retirement | 519200 FICA | 519300 Health | 519400 Life Ins | 519800 Work Comp | |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| Total | | | - | Total | | | | Total | 0.00 |

Proposed Distribution of Salary/Wages

| Completed by Department | | | | | | | | | |
|-------------------------|-------------------------|-------------|----------|-------------------|-------------|---------------|-----------------|------------------|----------------|
| Position Number | Cost Center/WBS Element | G/L Account | Amt Paid | Benefits | | | | | Total Transfer |
| | | | | 519100 Retirement | 519200 FICA | 519300 Health | 519400 Life Ins | 519800 Work Comp | |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| Total | | | - | Total | | | | Total | 0.00 |

Prepared by: Name Campus Phone No. Date Prepared

Completed by Grants Accounting

FI Document Date Posted Entered By