

**POSITION NUMBER**

PLEASE TYPE ALL APPLICABLE INFORMATION

FOR ACCOUNTING OFFICE USE ONLY

DATE:

G/L CODING

**FASHION INSTITUTE OF TECHNOLOGY  
GRANT/SEMINAR SALARY CERTIFICATION**

PLEASE NOTE: AUTHORIZATION NUMBERS ARE ASSIGNED BY THE ACCOUNTING OFFICE.

GRANT AUTHORIZATION # SEMINAR AUTHORIZATION #

INTERNAL GRANT # G INTERNAL CONTRACT SEMINAR # CS

VATEA I.D. # S.U.N.Y. I.D. #

OUTSIDE SOURCE NAME

OUTSIDE SOURCE #

THE FOLLOWING INDIVIDUAL WILL BE EMPLOYED UNDER THE ABOVE NAMED GRANT/SEMINAR:

NAME:

ADDRESS:

TITLE:

EFFECTIVE DATES: FROM: TO:

HOURLY RATE: EMPLOYEE ID#

SALARY TO BE PAID:

FRINGE BENEFITS RATE(IF APPLICABLE)

PLEASE INDICATE METHOD OF PAYMENT:

TEN EQUAL PAYMENTS: YES NO

SUBMISSION OF AUTHORIZED TIMESHEET YES NO

LUMP SUM PAYMENT YES NO

OTHER(PLEASE SPECIFY)

[Signature Lines]

GRANT PROJECT DIRECTOR'S SIGNATURE DATE

CONTRACT SEMINAR COORDINATOR APPROVAL DATE

[Approval Lines]

ACADEMIC AFFAIRS APPROVAL (IF REQUIRED) DATE

ACCOUNTING OFFICE APPROVAL DATE

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COPY(1) ACCOUNTING OFFICE (2) PAYROLL DEPT (3) PROJECT DIRECTOR/SEMINAR COORDINATOR  
REVISED 01/97