

# Faculty/Staff Grant Compensation Form (SALARY VOUCHER)

**\*Attach supporting documentation for work performed**  
**\*To be paid upon work end date**

**ROWAN UNIVERSITY**  
**GLASSBORO, NJ 08028**

Position # \_\_\_\_\_  
(assigned by OSP)

## FUNDING SOURCE:

**FOAPALS:** Grant \_\_\_\_\_ Fund \_\_\_\_\_ Org \_\_\_\_\_ Program \_\_\_\_\_

Name and Address:

Date: \_\_\_\_\_

ID #: \_\_\_\_\_

Grant Name: \_\_\_\_\_

Work Begin Date: \_\_\_\_\_ Work End Date: \_\_\_\_\_

## Special Assignment:

# GRANT COMPENSATION FORM

**Compensation: \$** \_\_\_\_\_

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## Signatures:

Project Investigator(PI): \_\_\_\_\_ Ext. \_\_\_\_\_ Date: \_\_\_\_\_

Dean Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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I accept the terms of the assignment as stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date