



Office of Sponsored Programs  
Seminars and Educational Opportunities

Post-Award Summer Seminar:  
After Your Department Is Awarded a Grant

Wednesday, July 17, 2024

# EXAMPLES

Payroll Form 16 - Special Payroll Authorization Form  
Office of the CFO - Western Kentucky University

Form #  
406319

OVERTIME:

Pay Type:

MN

Period Ending:

07/31/2024

Index to be charged:

500100

Mascot Support Funds

Date Created:

07/12/2024

Preparer's WKU ID:

800002001

Steva Lee Ann Kaufkins

Preparer's Phone:

(270) 745-3214

\* Do the duties of the job require, at a minimum, a 4 year degree?

Payee's WKUID	Earnings	Acct	#Hours	Rate	Gross Amt	* Degree Required?
800000001 Big Red	SUR <input type="button" value="v"/>	61112	1.00	5,000.00	5,000.00	Yes <input type="button" value="v"/>

Reason for payment:

1 month of budgeted off-contract disbursement compensation. 100% effort for the month of July.

<input type="text"/>	<input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="v"/>
----------------------	----------------------------------	----------------------	----------------------	----------------------	----------------------	----------------------------------

Reason for payment:

<input type="text"/>	<input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="v"/>
----------------------	----------------------------------	----------------------	----------------------	----------------------	----------------------	----------------------------------

Reason for payment:

<input type="text"/>	<input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="v"/>
----------------------	----------------------------------	----------------------	----------------------	----------------------	----------------------	----------------------------------

Reason for payment:

<input type="text"/>	<input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="v"/>
----------------------	----------------------------------	----------------------	----------------------	----------------------	----------------------	----------------------------------

Reason for payment:

By sending this form, you certify that the personnel listed on this voucher were appointed in accordance with the policies of the university, that each person performed the services for which they are being paid, and the amounts set forth are legitimate claims against Western Kentucky University.

Approvals needed by:

Project Director: White Squirrel

Dean

Supervisor (optional)

Assc VP/Academic Budgets & Adm

Grant Acct (gca@wku.edu)

<h2>WKU eSignature Forms</h2>	
<p><a href="#">Main</a>   <a href="#">Saved Forms</a>   <a href="#">Sent Forms</a>   <a href="#">Sent Forms Archive</a>   <a href="#">Received Forms</a>   <a href="#">Received Forms Archive</a>   <a href="#">Email List</a>   <a href="#">Log Off</a></p>	
<b>Send to email address</b>	<input type="text"/> <input type="button" value="v"/> And <input type="text"/> <b>NOTE: Email addresses must include @wku.edu or @topper.wku.edu at the end.</b>
<b>Comment</b>	<input type="text" value="Squirrel 500100 (Big Red)"/>
<input type="button" value="Send"/> <input type="button" value="Save"/>	



# Electronic Personnel Action Form (EPAF)

WKUID800165490  
 PDATE01-OCT-2023  
 SYSDATE07-15-2024  
 POSN995226  
 SUFF00

**Print Date: July 15, 2024**

## Transaction Information

<b>Transaction Number:</b>	73859	<b>Position # and Title:</b>	999999-00, Program Coordinator
<b>Transaction Status:</b>	Completed	<b>Position Terms:</b>	12 Mo
<b>Type of Personnel Action:</b>	Full Time Limited Assignment (with an End Date)	<b>Reg/Temp:</b>	REG
<b>Query Date:</b>	Aug 31, 2023	<b>Salary Grade:</b>	108

## Employee Information

<b>Employee Name and ID:</b>	Big Red, 80000001	<b>Former WKU Employee?:</b>	Y
<b>Mailing Address:</b>	1906 College Heights Blvd.	<b>Employee Class:</b>	SE - Staff Exempt-Full Time
<b>City:</b>	Bowling Green	<b>Benefit Category:</b>	02 - Full Benefits - Monthly F/S
<b>State:</b>	KY		
<b>Zip:</b>	42101		
<b>Background Check Completed:</b>	Yes on		
<b>Payroll ID:</b>	MN		
<b>Leave Category:</b>	01 - Full Time		

\* - indicates a required field.

## Employee Status Information

<b>Employee Status: *</b>	Active	<b>Employee Class Code: *</b>	SE, Staff Exempt-Full Time
<b>Chart of Accounts: *</b>	W	<b>Home Department: *</b>	200000, WKU
<b>Work Location: *</b>	A, Bowling Green		

## Begin Date for a New Job Assignment

<b>Employee Date: *</b>	10/01/2023	<b>Payroll Date: *</b>	10/01/2023
<b>Position Begin Date: *</b>	11/01/2021	<b>Primary or Secondary: *</b>	Primary
<b>Job Status: *</b>	Active	<b>Job Change Reason: *</b>	APPTR, Reappointment
<b>Annual Salary:</b>	50,000	<b>Regular Hourly Rate:</b>	
<b>Step: *</b>	0		

## Labor Distribution Assignment

**Effective Date: 10/01/2023**

COA Index	Fund	Organization	Account	Program	Activity	Location	Project	Cost	Percent	Encumbrance	Override	End Date
W	555555	555555	200000	61111	570				100.00			
		WKU										

## End Date for Job Assignment

<b>Employee Date: *</b>	09/30/2024	<b>Payroll Date: *</b>	09/30/2024
<b>Job Status: *</b>	Terminated	<b>Job Change Reason: *</b>	END, End Assignment

**Routing Queue**

<b>Approval Level</b>	<b>Name</b>	<b>Required Action</b>	<b>Queue Status</b>	<b>Action Date</b>
Employment	Jo Ann Malott	FYI	Acknowledged	
Human Resources Pre-Approval	Brittany Reber Wafford	Approve	Approved	
Dir/Dept Head/Initial Approval		Approve	Approved	
Dean/Associate Dean		Approve	Approved	
Grant Accounting	Paula Farmer Mattison	Approve	Approved	
Senior Level Approvers	Alpha Amber Scott Erin	Approve	Approved	
Benefits	Christine Heil	FYI	FYI	
Benefit Accounts	Candace Elaine Petty	FYI	FYI	
Employment	Andrea Leigh Sherrill	FYI	FYI	
Payroll	Vickye Darlene Heater	FYI	Acknowledged	
Budget	Brian Glenn Dinning	FYI	Acknowledged	
Banner Security	Mary Elizabeth Nunn	FYI	Acknowledged	
Human Resources	Erin Leigh Holderman	FYI	Acknowledged	
EEO	Cynthia Faye Smith	FYI	FYI	
HR Applier	Brittany Reber Wafford	Apply	Applied	

**Transaction History****Created By:****Submitted By:****Applied By:****RELEASE: 8.18****© 2024 Ellucian Company L.P. and its affiliates.**

<b>Payment Authorization - Western Kentucky University</b>				<b>PA74820</b>
INSTRUCTIONS				
<ul style="list-style-type: none"> <li>• <b>Only one payee per document. This form is for payments of less than \$2,000 only. Enter a requisition in TopShop if equal to or greater than \$2,000.</b></li> <li>• Form W9 must be attached for payment to individuals and companies for 1099 reportable payments.</li> <li>• Approved Contractor Status Form needed for Service for Individuals.</li> <li>• Retain Departmental copy, send the other 2 copies to Accounts Payable for payment. (Minimum 48 hrs prior to when check is needed.)</li> <li>• If the system generated citizenship value is N or NR, refer the completed and approved payment authorization request form to the Tax Compliance Accountant - David Lewis.</li> </ul>				
Payee WKU ID Number: <input style="width: 100%;" type="text" value="800000001"/>		* Mailing address will default when "Validate Form" is clicked. If changes are needed, check the box next to "Make changes to payee address."		
SSN/TIN: <input style="width: 100%;" type="text"/>				
Payee Name: Big Red	<input checked="" type="radio"/> Index <input type="radio"/> Fund <input style="width: 100%;" type="text" value="55555"/>	<input checked="" type="radio"/> Commodity Code <input type="radio"/> Account Code <input style="width: 100%;" type="text" value="817020-Participate Support - Stipends"/>	Amt: <input style="width: 100%;" type="text" value="\$ 1,250.00"/>	
Street Address: 1906 College Heights Blvd.	<input checked="" type="radio"/> Index <input type="radio"/> Fund <input style="width: 100%;" type="text"/>	<input checked="" type="radio"/> Commodity Code <input type="radio"/> Account Code <input style="width: 100%;" type="text"/>	Amt: <input style="width: 100%;" type="text"/>	
Street Address, Line 2:	<input checked="" type="radio"/> Index <input type="radio"/> Fund <input style="width: 100%;" type="text"/>	<input checked="" type="radio"/> Commodity Code <input type="radio"/> Account Code <input style="width: 100%;" type="text"/>	Amt: <input style="width: 100%;" type="text"/>	
City, State, and Zip: Bowling Green, KY 42101	<input checked="" type="radio"/> Index <input type="radio"/> Fund <input style="width: 100%;" type="text"/>	<input checked="" type="radio"/> Commodity Code <input type="radio"/> Account Code <input style="width: 100%;" type="text"/>	Amt: <input style="width: 100%;" type="text"/>	
<input type="checkbox"/> Make changes to the payee name. <input type="checkbox"/> Make changes to the payee address.		<input checked="" type="radio"/> Index <input type="radio"/> Fund <input style="width: 100%;" type="text"/>	<input checked="" type="radio"/> Commodity Code <input type="radio"/> Account Code <input style="width: 100%;" type="text"/>	Amt: <input style="width: 100%;" type="text"/>
<b>Total: \$</b>				<b>1,250.00</b>
<b>Description - Date - Invoice No Credit Memo</b>	<b>Quantity</b>	<b>Unit</b>	<b>Unit Price</b>	<b>Total</b>
Cost-of-living stipend to support student	1	Not Applicable	\$ 1250.00	\$ 1,250.00
mascot participants.			\$	\$ 0.00
			\$	\$ 0.00
Payment for 03/10/24 - 04/06/24			\$	\$ 0.00
			\$	\$ 0.00
			\$	\$ 0.00
			\$	\$ 0.00
			\$	\$ 0.00
			\$	\$ 0.00
<b>Total Amount:</b>				<b>\$ 1,250.00</b>
<input type="button" value="Reset Form"/> <input type="button" value="Validate Form"/>			<b>Net Amount:</b>	<b>\$ 1,250.00</b>
CERTIFICATION and AUTHORIZATION FOR PAYMENT				
I hereby certify that the materials and/or services detailed in this document and attachment thereto have been received and inspected, that the quantities or services received were as stated herein and that the condition was satisfactory except as otherwise noted above.				
Recommended for Payment by _____		Phone _____		Date _____
Approved by _____			Date _____	
Grant Approved by _____			Date _____	
Prepared by (WKUID): <input style="width: 100%;" type="text" value="800000000"/>	Name: Steva Lee Ann Kaufkins	Department: Office of Research & Creative Act.	Date: 04/22/2024	<b>PA74820</b>

WESTERN KENTUCKY UNIVERSITY  
DETERMINATION OF CONTRACTOR STATUS FORM

(This form **MUST** be approved prior to submission of payment document.)

Internal Revenue Service regulations state that payments made to individuals for services where an employer/employee relationship exists are subject to employment taxes and withholdings. Therefore, only payments to independent contractors will be approved for payment other than through University payroll. The purpose of this form is to determine whether the payee should be deemed an independent contractor as defined by the IRS, or an employee subject to employment taxes and withholding. The following questions must be answered by the department requesting the services to be provided prior to the commencement of the services. No payment will be processed without the completion of this information.

Enter Payee's Social Security Number or ITIN:  Click Here->  Name:

Big Red

(Do not use WKUID. This is for IRS reporting records. If no SSN or ITIN, click [here.](#))

Directions: Please check yes or no to the following questions:

Yes No

- 01. Is the payee employed by the University in any position? (This answer is generated automatically.) ECLS:  Yes  No
- 02. Is the payee a United States Citizen or Resident Alien for tax purposes?  Yes  No [Help](#)
- 03. Does your department have the right to require compliance with the timing, place and method used in completing the work to be done?  Yes  No [Help](#)
- 04. Will your department apprentice, train or instruct in the details of the work, or correspond in any way the manner or method in which the work is to be performed?  Yes  No [Help](#)
- 05. Will the work be done personally by the contractor?  Yes  No [Help](#)
- 06. Will your department hire, supervise, or pay assistants to aid those performing the work?  Yes  No [Help](#)
- 07. Will your department dictate the hours during which the work will be performed?  Yes  No [Help](#)
- 08. Will the work be performed on your premises or at a location required by your department?  Yes  No [Help](#)
- 09. Will your department have the right to require that the work be performed in a specific order, routine or sequence?  Yes  No [Help](#)
- 10. Will your department require regular written reports from those performing the work?  Yes  No [Help](#)
- 11. Will your department pay those performing the work on an hourly, weekly or monthly schedule other than as a convenient payment of an agreed-upon lump sum cost of the work?  Yes  No [Help](#)
- 12. Will your department furnish the tools, equipment, or materials necessary to complete the work performed?  Yes  No [Help](#)
- 13. Do those performing the work have the right to terminate the relationship at will prior to completion without incurring liability?  Yes  No [Help](#)
- 14. Is there a continuing relationship between the payee and the department for whom the services are performed?  Yes  No [Help](#)
- 15. Does the payee have a major investment in the facilities used to perform the service?  Yes  No [Help](#)
- 16. Is the worker subject to suffering a loss, as well as realizing a profit, as a result of his/her service?  Yes  No [Help](#)
- 17. Does the payee offer their services to the general public on a regular and continuing basis?  Yes  No [Help](#)
- 18. Provide a description of the reason for payment:

19. Amount of payment: \$

Completed By: (enter WKUID)

Click Here->

Name:

Date:

Campus Address:

Campus

Department:

Phone:

For CFO Department Approval Use Only

Employee. This person must be paid on payroll. Submit appropriate documents to Human Resources.

Independent Contractor. Submit payment documents to Accounts Payable.

Citizenship  
(System Generated)  
Citizen

A/P Taxation Instructions: \_\_\_\_\_ Windstar Tax ID: \_\_\_\_\_ Income Type: \_\_\_\_\_

WH%: \_\_\_\_\_

Approved \_\_\_\_\_

Date

WESTERN KENTUCKY UNIVERSITY  
DETERMINATION OF CONTRACTOR STATUS FORM

(This form **MUST** be approved prior to submission of payment document.)

Internal Revenue Service regulations state that payments made to individuals for services where an employer/employee relationship exists are subject to employment taxes and withholdings. Therefore, only payments to independent contractors will be approved for payment other than through University payroll. The purpose of this form is to determine whether the payee should be deemed an independent contractor as defined by the IRS, or an employee subject to employment taxes and withholding. The following questions must be answered by the department requesting the services to be provided prior to the commencement of the services. No payment will be processed without the completion of this information.

Enter Payee's Social Security Number or ITIN: 100000000      Click Here->       Name:

Big Red

(Do not use WKUID. This is for IRS reporting records. If no SSN or ITIN, click [here.](#))

Directions: Please check yes or no to the following questions:

Yes    No

- 1. Is the payee employed by the University in any position? (This answer is generated automatically.) ECLS:       Yes     No
- 2. Is the payee a United States Citizen or Resident Alien for tax purposes?       Yes     No
- 3. Does your department have the right to require compliance with the timing, place and method used in completing the work to be done?       Yes     No    [Help](#)
- 4. Will your department apprentice, train or instruct in the details of the work, or correspond in any way the manner or method in which the work is to be performed?       Yes     No    [Help](#)
- 5. Will the work be done personally by the contractor?       Yes     No    [Help](#)
- 6. Will your department hire, supervise, or pay assistants to aid those performing the work?       Yes     No    [Help](#)
- 7. Will your department dictate the hours during which the work will be performed?       Yes     No    [Help](#)
- 8. Will the work be performed on your premises or at a location required by your department?       Yes     No    [Help](#)
- 9. Will your department have the right to require that the work be performed in a specific order, routine or sequence?       Yes     No    [Help](#)
- 10. Will your department require regular written reports from those performing the work?       Yes     No    [Help](#)
- 11. Will your department pay those performing the work on an hourly, weekly or monthly schedule other than as a convenient payment of an agreed-upon lump sum cost of the work?       Yes     No    [Help](#)
- 12. Will your department furnish the tools, equipment, or materials necessary to complete the work performed?       Yes     No    [Help](#)
- 13. Do those performing the work have the right to terminate the relationship at will prior to completion without incurring liability?       Yes     No    [Help](#)
- 14. Is there a continuing relationship between the payee and the department for whom the services are performed?       Yes     No    [Help](#)
- 15. Does the payee have a major investment in the facilities used to perform the service?       Yes     No    [Help](#)
- 16. Is the worker subject to suffering a loss, as well as realizing a profit, as a result of his/her service?       Yes     No    [Help](#)
- 17. Does the payee offer their services to the general public on a regular and continuing basis?       Yes     No    [Help](#)

18. Provide a description of the reason for payment:  
Compensation for completing transcription of research notes.

19. Amount of payment: \$ 50.00

Completed By: (enter WKUID) 800000002

Click Here->

Name: Steva Lee Ann Kaufkins

Date: 0 2/15/2023

Campus Address: Gary Ransdell Hall 2049A      Campus

Department: College of Ed & Behavioral Science

Phone: 745-8839

For CFO Department Approval Use Only

Employee. This person must be paid on payroll. Submit appropriate documents to Human Resources.

Independent Contractor. Submit payment documents to Accounts Payable.

Citizenship  
(System Generated)  
Citizen

A/P Taxation Instructions: \_\_\_\_\_ Windstar Tax ID: \_\_\_\_\_ Income Type: \_\_\_\_\_

W/H%: \_\_\_\_\_

Approved: 

Date: 2/16/23



Western Kentucky University  
Restricted Grants and Contracts  
Chart of Accounts and Budget

Proposal # - tracks in SPIRIT

Reference Prop. # XX-XXXX

- Export Controls  Yes  N/A
- IRB  Yes  N/A
- Animal Subjects  Yes  N/A
- rDNA  Yes  N/A
- Bio Hazards  Yes  N/A
- FCOI  Yes
- RCR  Yes

<b>Award Date:</b>				Project Director: <i>(Also the financial manager of the index)</i>			
Project Title:				College:			
Agency Financing Award (Incl. Prime):		Agency Type:		CFDA # (if federal)		Department:	
Grant/Contract #:		FAIN (if federal):		Period Covered:		From: Through:	
Type of Award Document:				PCS No.			
Amount Financed By (list all partners):				(I)nterdisciplinary and/or (C)ollaborative: N/A WKU Index No. Cost Sharing Index No. TOTAL BUDGET <i>IF there is cost share... 6XXXXX</i>			
	Total	Cash	In-Kind				
University:	\$0.00			Expenditure Account Code <b>5XXXXX</b>			
Agency:	\$0.00	<i>Total for the grant</i>					
Partner:	\$0.00						
Partner:	\$0.00						
Total:	\$0.00	\$0.00	\$0.00				
Name of Expenditure Item							
A1. Wages - Faculty				61111 -			
A2. Wages - Summer				61112 -			
A3. Wages - Student/Part Time				61123 -			
B. Fringe Benefits Pool				62050 -			
C1. Supplies				71100 -			
C2. Non-employee Services - Consulting				72204 -			
D. Travel				74000 -			
E. Equipment				78100 -			
TOTAL DIRECT COSTS				-			
<i>Indirect Costs (Rate/Base: N/A)</i>				79110 -			
TOTAL PROJECT COSTS				-			
<b>COST SHARING</b>							
Department/Unit Name	Unit Index No./ Account Code	Total Cost Sharing	FY24	FY25	FY26	FY27	FY28
		-					
		-					
		-					
		-					
Direct Costs		-	-	-	-	-	-
Indirect Costs		-					
Total Costs		-	-	-	-	-	-

Template of budget lines/codes. Maybe added to or removed.

**NO SIGNATURES REQUIRED - SEE PROPOSAL SIGN-OFF SHEET.**

INTERIM Technical Report(s) Due: None Specified  
 FINAL Technical Report Due: None Specified *IF THERE ARE REPORTS DUE, THEY WILL BE LISTED HERE*  
**NOTE: Confirmation of the final technical report submission should be sent to post.award@wku.edu at the time of submission to the sponsor.**

## Guidelines for Spending FUSE Funds

- All expenditures associated with a FUSE Award must be consistent with the following:
- **Project-related Expenses:**
  - Up to \$3,000 for project-related expenditures (including student travel needed to carry out or present research)
- **\$500 Student Award (divided if more than 1 student):**
  - Awarded to the student(s) after the successful completion of the project.
- The mentor is responsible for managing & monitoring the project-related funds. The mentor should ensure expenses are allowable and must follow departmental and University spending policies and guidelines.
- Expenses will be charged to the mentor's departmental index or purchasing card and will be reimbursed from the FUSE Grants index once approved by the Office of Research and Creative Activity (ORCA).
- **To Obtain Approval from ORCA:** Please follow the procedures outlined below for making purchases using your FUSE Award funds. If questions arise, email those to [fuse@wku.edu](mailto:fuse@wku.edu).
- *Do not spend out-of-pocket and expect to be reimbursed.* The University does not have a system in place to reimburse out-of-pocket expenses unrelated to travel (e.g., per diem, incidentals, etc.).

## Procedures for Spending FUSE Funds

**\*\* Please reference the FUSE award number, student, and mentor on all requests\*\***

### TRAVEL

\*All travel must follow WKU travel policies. For specific questions and policy information please contact the Travel Office.

- FUSE will only reimburse the least expensive method of travel. When possible, pay for up-front travel expenses (such as airline tickets and lodging) using the mentor's department Purchasing Card (Pcard). Once the charges hit JP Morgan Chase, the office support personnel can e-mail [fuse@wku.edu](mailto:fuse@wku.edu) to request that the charges be transferred (hardcoded) to the FUSE Index #XXXXXX ("HARDCODES" in subject line).
- Prior to traveling, WKU mentors as well as any FUSE participants that are employed by the University MUST submit a Travel Authorization form
- Out-of-pocket travel expenses (such as food, mileage, taxi fare, etc.) can be reimbursed AFTER you travel by submitting a Travel Voucher.
- After departmental approval, the Travel Voucher must receive approval for use of the FUSE index by the FUSE Administrator. Send the voucher electronically to [fuse@wku.edu](mailto:fuse@wku.edu).
- Mentor travel will only be reimbursed from the FUSE grant if the student is present (i.e., mentor travel will only be reimbursed if both the student and the mentor are traveling).

### ORDERING MATERIALS AND SUPPLIES

Order materials and supplies using the mentor's Department Purchasing Card. Once the charge appears online (JPMC, etc.), your department's Office Personnel can e-mail [fuse@wku.edu](mailto:fuse@wku.edu) to request that the charge be transferred to the FUSE grant index.

- Include invoice/receipt as well as screen shot of the charge from the JPMC website.
- Be sure to mention that WKU is tax-exempt! The tax-exempt number can be found on the Purchasing Card.
- All supplies and materials become property of your department after the FUSE Award has ended.
- **All procurement card and requisition/purchase orders must be complete 30 days prior to the End Date.**

### PAYING FOR PERSONNEL / HUMAN SUBJECT PARTICIPANTS

Please follow standard procedures for paying personnel, including paying human subjects participants: [http://www.wku.edu/compliance/irb\\_payments.php](http://www.wku.edu/compliance/irb_payments.php). Send all forms to [fuse@wku.edu](mailto:fuse@wku.edu) for approval.