

Source and Amount of Mentor's Financial Contribution to a Traineeship

IMPORTANT: If split-funding is used, show each source

Faculty Mentor _____ Dept. _____

Phone # _____ E-Mail ID: _____

SOURCE OF FUNDS

(1) **GRANT:** (Must **NOT** end before 7/31/2003)

Please be sure you have approved stipend funds in your Grant for payment to a student.

(Principal Investigator)

(Grant Accounting Number)

[Authorization Signature: _____ Date _____]

(2) **KU ENDOWMENT ACCOUNT:**

(Endowment Account Name)

(Endowment Number)

[Authorization Signature: _____ Date _____]

(3) **CLINICAL FOUNDATION:**

(Department)

[Authorization Signature: _____ Date _____]

(4) **DEPARTMENT:**

If you choose this method of payment (\$1,000) the student will be considered an employee in your department from July 1-August 1, and must fill out personnel papers, attend Orientation, and will have taxes and other deductions taken from his/her check. You will need to ask the administrative assistant in your **department to do the necessary paperwork** and be responsible for the student receiving his/her 2nd check on August 2. We will still do the paperwork for the check the student will receive on July 1 (\$1,300 with no deductions).

[Authorization Signature: _____ Date _____]

Signature of Faculty Member: _____ Date: _____