

ENDOWMENTS SPENDING ALLOCATION  
AND BUDGET REQUEST

Title of Chair/Professorship: \_\_\_\_\_

Name of Current Holder: \_\_\_\_\_ Department: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Spending Allocation Available for Use is \$ \_\_\_\_\_ during Fiscal Year: \_\_\_\_\_

Please tell us how you want this allocation to be budgeted by indicating the amounts (to the nearest whole number) next to each type of expenditure.

**Amount**

**Type of Expenditures**

**Regular Salary**

\_\_\_\_\_ For Chair/Professorship-related activities performed by holders.

\_\_\_\_\_ For Graduate Assistants/Students.

\_\_\_\_\_ Salaries subject to Fringe Benefits will be assessed the negotiated rate.

Current rate listed at: <http://www.uno.edu/orsp/ProposalDevelopment/FringeRate.aspx>

**Additional Compensation**

\_\_\_\_\_ Specific additional duties associated with the title.

\_\_\_\_\_ Fringe Benefits are paid. Therefore the amount of dollars available to be paid is reduced.

**Other Expenses**

\_\_\_\_\_ Funds available for discretionary use for professional development and research purposes in accordance with University's regulations.

\_\_\_\_\_ Travel

\_\_\_\_\_ Supplies

\_\_\_\_\_ Other Charges (Tuition)

\_\_\_\_\_ Capital Outlay

**Endowment Holder Acknowledgement:**

I understand that the expenditures must be in compliance with the donor's agreement. Deviations from the above budget will be limited and the request for the change will be e-mailed promptly to [genaccount@uno.edu](mailto:genaccount@uno.edu) for processing.

\_\_\_\_\_  
Endowment Holder Signature

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Dean