

**Report: Status of Affiliated Organizations' Payments
 To or On Behalf of University Employees**

University _____

Prepared By _____

For the Quarter Ended _____

Telephone No. _____

Affiliated Organization	Employee Name	Employee Title	Payment by Affiliated Organization			Payment by University		
			Date	Check Number	Amount	Date	Check Number	Amount
					\$			\$

Approved by: _____
 University President (or designee)