



Request to Record Non-Cash Items

The following item(s) were provided to the employee named below and need to be included with the employee's taxable wages.

Name: _____ Empl ID: _____

Home Department Name: _____

Funding Department to be charged: _____

Item:	Item Value:

Prepared By: _____
(Please Print Your Name)

Telephone #: _____

Approved By: _____
(Please Print Your Name)

Approved By: _____
(Signature)

*President, Vice President, Vice Provost, Dean

For HR Payroll Services Use Only:

Processor's Initials & Date: _____

Pay Period End Date: _____