LEHIGH SLOAN RESEARCH GRANT – COVID 19 ADDITIONAL COMPENSATION FORM

**Instructions:**

Prepare the COVID 19 Additional Compensation Form to report all taxable uses of the funds. Taxable use includes, daycare, housekeeping services and prepared meals. Complete this form to request reimbursement through the Payroll Office and to report taxable uses directly charged to your Sloan Research Grant and/or Discretionary Index

Please attach receipts to this form, have it properly authorized and forward it to the Provost Office for approval. All reimbursements, and reports of taxable uses, will be treated as taxable income and will be included in your next regular paycheck following receipt of the form by the Payroll Office. Please see the Lehigh Sloan Research Grant Reimbursement Guidelines During COVID 19 for additional information.

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| --- | --- | --- |
| **Name**: | | **LIN (Lehigh ID Number)**: |
| **Check Description of Expense to be Reimburse**:        **Daycare**       **Housekeeping**       **Prepared Meals**  **Attach receipts of $75 or more** | | |
| **Dates of Expenditures**: | **Banner Index Number(s) and Amounts**:  **Sloan Research Grant**   **Amount**  **Discretionary Account**  **Amount** | |
| **Check the applicable box below:**  **Did you already charge Lehigh for the expense?**        **Yes (Gross up required)**       **No (Net Pay)**  **NOTE: If yes, please attach a copy of the Banner transaction(s). Please note that your index(s) will be charged the tax amount. See the Lehigh Sloan Research Grant Reimbursement Guidelines During COVID 19 for additional information.** | | |
| **Please initial where indicated:**  **I certify that I will not be submitting these expenses for reimbursement via any Flexible Spending Account Program. Initials** **Date** | | |
| **APPROVALS REQUIRED:** | | |
| **Dept. Chair:** | | |
| **Academic Dean:** | | |
| **Provost Office:** | | |