

Use this form for **all** items covered by [NCSU Policy 05.15.03](#), Non-Salary and Deferred Compensation . Item must be authorized in advance and must be paid from non-state appropriated funds in accordance with policy.

Department/Unit _____ College/Division _____ Employee ID _____

First Name _____ Middle Initial _____ Last Name _____

Employee Title _____ EPA SPA Position Number _____

Value of Non-Salary Compensation Item _____

Approximate/Estimated Actual/Exactly

Anticipated Date(s)

Start _____ Stop _____ NA

Value Basis:

Total (one-time, non-recurring)

Per Month for _____ (#) Months

Per Month, Ongoing

Per Year, Ongoing

Other _____

Type of Non-Salary Compensation (check one)

Household Moving Expenses

House-Hunting Expenses

Temporary Housing

Vehicle & Parking Costs

Club Membership

Athletic & Cultural Events Admission

Product or Service Discount > 20% off retail and/ or not provided to all University employees

Other _____

Details/Specifics about the item to be provided

Funding Source _____

This Item (check one)

is pre-authorized for this type of position under provisions of [NCSU Policy 05.15.03](#).

requires approval by the Board of Trustees, in accordance with [NCSU Policy 05.15.03](#). Submit completed form by [BOT submission deadline](#) to Director, EPA Administration, Campus Box 7563.

If paid by voucher through Financials, attach copy of this signed form to the invoice package.

Form completed by _____ Date _____

Title _____ Phone Number _____ Email _____

Department Head Approval

Print Name _____ Signature _____ Date _____

Dean or AVC Approval

Print Name _____ Signature _____ Date _____

Chancellor Approval (if BOT approval required)

Signature _____ Date _____

HR USE ONLY (notes)	Board of Trustees (UAC) Action	
	<input type="checkbox"/> Approved	Date _____
	<input type="checkbox"/> Denied	