

SAMPLE

Pennsylvania's State System of Higher Education Report of Compensation and Benefits Provided to Employees by University Affiliate

University Affiliate: Please complete this form within five days of the employee's receipt of the compensation or benefit and return to: _____.

Benefit Provided to (Employee's Name):	
Employee's University:	
Benefit Provided by (Name of Affiliate):	

Description of Compensation or Benefit	Date Provided	Dollar Value of Benefit (Cash Paid or Fair Value)
Honorariums, stipends, supplemental compensation, fees, bonuses, awards, prizes, commissions, etc.		
Vehicles and vehicle expenses		
Travel expenses		
Living expenses		
Spousal travel and/or living expenses		
Equipment given to employee		
Educational assistance		
Moving expenses		
Payments to or for retirement plan		
Entertainment expenses		
<i>Describe below any other payment to employee:</i>		

Employee Signature:	Date:
Affiliate Signature:	Date:
Human Resources Signature:	Date:
Name of Person Completing this Form:	

For questions, contact: _____.