**Pennsylvania’s State System of Higher Education**

**SAMPLE**

**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 |  |  |
| *Describe below any other payment to employee:* | | |
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| --- | --- | --- |
| **Employee Signature:** | Date: |  |
| **Affiliate Signature:** | Date: |  |
| **Human Resources Signature:** | Date: |  |
| **Name of Person Completing this Form:** | | |

***For questions, contact:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.