

## REQUEST FOR AGENCY FUND

*INSTRUCTIONS: Complete the form, secure appropriate approvals, and route to the Extramural Funds Section of the UCSF Accounting Office. If you have questions about the use of this form, call the Private Funds Unit of Extramural Funds at 476-8690.*

Name and address of the principal for whom the UCSF Accounting Office will be acting as a fiscal agent.

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Name, address and telephone number of principal's representative or contact person; that is, the person who will prepare and send payments to UCSF.

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Name, department, campus address  
And telephone extension of  
The UCSF Sponsor.

Name: \_\_\_\_\_  
Dept: \_\_\_\_\_  
Box: \_\_\_\_\_ Ext: \_\_\_\_\_

Name, payroll title, department and  
Telephone number of individual (if  
not the sponsor) who will be the  
Signatory for the agency fund.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Dept: \_\_\_\_\_  
Box: \_\_\_\_\_ Ext: \_\_\_\_\_

*NOTE: A signature authorization Form U242 must be on file for sponsor and signatory.*

Describe the relationship of the principal to the University.

Describe the activities or projects for which an agency fund is requested.

Any balance remaining in the agency fund after completion of the activity will be refunded to the principal named in item I above. Any deficit remaining in the agency fund will be covered with departmental funds. Please enter the FUND/DPA/PROG that the Accounting Office will use to cover a deficit if one results.

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LOC	Fund	DPA	Program Code	

Proposed fund title: \_\_\_\_\_

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NAME OF PRINCIPAL: \_\_\_\_\_

NAME OF SPONSOR: \_\_\_\_\_

### **APPROVALS:**

I certify that I have read the UCSF Policy on Agency Accounts and agree to the terms and conditions under which UCSF provides agency services.

For the PRINCIPAL

Typed or Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position with Principal: \_\_\_\_\_

SPONSOR

Typed or Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

ADMINISTRATOR/MSO

Typed or Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

DEPARTMENT HEAD

Typed or Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

For the BUDGET OFFICE

Typed or Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Reimbursement to UCSF Required? \_\_\_\_\_

Amount/Method: \_\_\_\_\_

For the SENIOR VICE-  
CHANCELLOR or  
VICE-CHANCELLOR

Typed or Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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*Accounting Office Use Only:*

Extramural Funds Approval: \_\_\_\_\_

Fund/DPA Assigned: \_\_\_\_\_