

# AUXILIARY ACCOUNTING

RT# \_\_\_\_\_

## Project Fund Transfer Approval Form • Faculty Release Time Reimbursement

University Enterprises Corporation at CSUSB

CSUSB Philanthropic Foundation

In accordance with University and Auxiliary Accounting policies and procedures, California State University, San Bernardino (University) will receive payment from the auxiliary noted above for the faculty time specified in this document. The signatories of this form incorporate and agree to comply with the agreement for time assigned to sponsored projects. Auxiliary Accounting will transfer external project funds for the faculty member specified during the academic quarter(s) indicated below. The University agrees to release the faculty member for the designated percentage of time during the academic quarter(s) indicated below.

FY: \_\_\_\_\_ Project Title: \_\_\_\_\_ Qtr Base Units: \_\_\_\_\_

Name: \_\_\_\_\_ Status: \_\_\_\_\_ Monthly Base Salary: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

University Reimbursed Activity Account receiving funds (account #): \_\_\_\_\_

<i>Quarter:</i>	<i>Fall</i>	<i>Winter</i>	<i>Spring</i>	<i>AY Total</i>
<i>% of time per qtr</i>				
<i>WTUs per qtr</i>				
<i>Salary</i>				
<i>Benefits</i>				
<b>TOTAL</b>				

<i>Account</i>	<i>Fund</i>	<i>Dept ID</i>	<i>Project #</i>	<i>TOTAL</i>
601819				
603816				

**Academic Affairs:**

\_\_\_\_\_  
Signature, Faculty Member Date

\_\_\_\_\_  
Signature, Department Chair Date

\_\_\_\_\_  
Signature, PI Date  
(if different than above)

\_\_\_\_\_  
Signature, College Dean Date

\_\_\_\_\_  
Signature, AA/S Date

**PHIL:** \_\_\_\_\_  
Director, Aux. Financial Services Date

**UEC:** \_\_\_\_\_  
Director, Sponsored Programs Admin. Date

\_\_\_\_\_  
Budget Approval, Sponsored Programs Admin. Date

**If completed, this section supercedes the account distribution above:**

<i>Account</i>	<i>Fund</i>	<i>Dept ID</i>	<i>Project</i>	<i>Amount</i>

**SPA use only:**

*Emailed copy*

*Copy to A/P*