



MOU WORKSHEET
BETWEEN AUXILIARY CORPORATIONS
FY: _____

MUST BE ATTACHED TO ALL MOUs:

REVENUE: AUXILIARY SERVICE PROVIDER

ACCOUNT: _____ FUND: _____ DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ AMOUNT: \$ _____

ACCOUNT: _____ FUND: _____ DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ AMOUNT: \$ _____

Financial Approver: _____ **Print Name:** _____ **Date:** _____

Department Contact: _____ **Ext:** _____ **Email:** _____

EXPENSES: AUXILIARY SERVICE RECIPIENT

ACCOUNT: _____ FUND: _____ DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ AMOUNT: \$ _____

Financial Approver: _____ **Print Name:** _____ **Date:** _____

Department Contact: _____ **Ext:** _____ **Email:** _____

Note: *Auxiliaries should use Auxiliary chartfields. Complete the worksheet for **all** lines that are specified in this MOU. Attach additional pages as necessary.*

MOU Number _____