



**MOU COST RECOVERY WORKSHEET**  
**BETWEEN ENTERPRISES**  
*(ExL, Housing, Parking, Health Facilities)*  
**FY: \_\_\_\_\_**

**MUST BE ATTACHED TO ALL MOUs:**

**REVENUE: SERVICE PROVIDER**

ACCOUNT: **580896** FUND: \_\_\_\_\_ DEPT ID: \_\_\_\_\_ PROGRAM: \_\_\_\_\_ CLASS: \_\_\_\_\_ PROJECT: \_\_\_\_\_ AMOUNT:\$ \_\_\_\_\_

ACCOUNT: **580896** FUND: \_\_\_\_\_ DEPT ID: \_\_\_\_\_ PROGRAM: \_\_\_\_\_ CLASS: \_\_\_\_\_ PROJECT: \_\_\_\_\_ AMOUNT:\$ \_\_\_\_\_

Financial Approver: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

**EXPENSES: SERVICE RECIPIENT**

ACCOUNT: **617001** FUND: \_\_\_\_\_ DEPT ID: \_\_\_\_\_ PROGRAM: \_\_\_\_\_ CLASS: \_\_\_\_\_ PROJECT: \_\_\_\_\_ AMOUNT:\$ \_\_\_\_\_

Financial Approver: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

MOU Number \_\_\_\_\_  
*(For Financial Services Use only)*