

**MOU COST RECOVERY WORKSHEET
BETWEEN A GENERAL OPERATING FUND ENTITY AND
AN AUXILIARY CORPORATION
(TUC, CSUN Foundation, ASI, North Campus Corporation, USU)**

FY: _____

MUST BE ATTACHED TO ALL MOUs:

REIMBURSEMENT: SERVICE PROVIDER

SALARIES:

ACCOUNT: **580825** FUND:**544** DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ AMOUNT:\$ _____

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ACCOUNT: **580825** FUND:**544** DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ AMOUNT:\$ _____

BENEFITS:

ACCOUNT: **580826** FUND: **544** DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ AMOUNT:\$ _____

OPERATING EXPENSES:

ACCOUNT: **580824** FUND:**544** DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ AMOUNT:\$ _____

TOTAL:\$ _____

Note: Use the appropriate Class Code for Salaries/ Wages:

- 99991–Cost Recovery Management Salaries
- 99992–Cost Recovery Support Staff Salaries
- 99993–Cost Recovery Faculty Salaries
- 99994–Cost Recovery Student Assistant Wages
- 99995 –Cost Recovery Special Consultants Wages

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

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

EXPENSES: AUXILIARY SERVICE RECIPIENT

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

Note: Auxiliaries should use Auxiliary chartfields. Accounts Receivable will invoice the Auxiliary. Complete this worksheet for **all** lines that are specified in this MOU (Salaries, Benefits and Operating Expenses). Attach additional pages as necessary.

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

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

MOU Number _____
(For Financial Services Use only)