

**MOU COST RECOVERY WORKSHEET
BETWEEN A GENERAL OPERATING FUND ENTITY AND
AN ENTERPRISE
(ExL, Housing, Parking, Health Facilities)**

FY: _____

MUST BE ATTACHED TO ALL MOUs:

REIMBURSEMENT: SERVICE PROVIDER

SALARIES:

ACCOUNT: **580815** FUND: **543** DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ AMOUNT: \$ _____

ACCOUNT: **580815** FUND: **543** DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ AMOUNT: \$ _____

ACCOUNT: **580815** FUND: **543** DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ AMOUNT: \$ _____

ACCOUNT: **580815** FUND: **543** DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ AMOUNT: \$ _____

BENEFITS:

ACCOUNT: **580816** FUND: **543** DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ AMOUNT: \$ _____

OPERATING EXPENSES:

ACCOUNT: **580814** FUND: **543** 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: SERVICE RECIPIENT

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

Note: Complete this attachment for all lines that are specified in the 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)