



MEMORANDUM OF UNDERSTANDING

FY: _____

NOTE: UNLIKE A CONTRACT WITH AN OUTSIDE FIRM, A “MEMORANDUM OF UNDERSTANDING” (MOU) REPRESENTS AN AGREEMENT BETWEEN UNITS OF THE UNIVERSITY. LOCAL MOUS SHOULD BE WRITTEN TO BE EASILY UNDERSTOOD BY BOTH PARTIES, AND SHOULD NOT USE LEGALISTIC WORDING. ULTIMATELY, THE RESOLUTION TO A DISPUTED MOU WILL FALL UNDER THE AUTHORITY OF THE CAMPUS PRESIDENT.

MOU REFERENCE NUMBER: _____ *(Financial Services Use Only)*

This Memorandum of Understanding is established according to the following provisions:

Service Provider: _____

Service Recipient: _____

Enter a summary of services provided under the MOU. Where applicable, include service levels, frequency of use, etc. Attach additional pages as necessary.

Check one option below to indicate when the payment for services will be due, including exact due dates. This is a required field.

	Annual <i>(Date)</i>	Monthly <i>(Day of Month)</i>	Quarterly <i>(Date)</i>	Semester:	
Due Dates:	_____	_____	_____	Spring	Summer
				Fall	Winter

Enter description of how the cost is determined:

Service Providers and Service Recipients: *Cost Recovery Worksheet* **must** be attached.

The Associate Vice President of Financial Services will approve and verify that all MOUs are in compliance with University and State policies. All parties will receive a copy of the approved MOU via email.

Service Provider’s Signature: _____

Date: _____

Service Recipient’s Signature: _____

Date: _____

ASSOCIATE VICE PRESIDENT OF FINANCIAL SERVICES APPROVAL: _____

Date: _____