

UCSF Medical Center
Design & Construction, Box 0913
500 Parnassus Avenue
San Francisco, CA 94143

Date: _____
Med Center CIP # _____
Campus Plant Account # 9 _____

PROJECT BUDGET AGREEMENT FORM – Initial Budget

Project Title: _____

Description of Project: _____

Total Projected Budget (see attached project budget worksheet) \$ _____

Project Timeline:

Projected Start Date: _____ Projected Completion Date: _____

Funding Agreement

Attach agreement documentation (letter from Dean, Dept., etc.)

Funding Sources (Describe: Departmental funds, Gift, State, Other, Etc.)

Medical Center		
<u>Account Name</u>	<u>DPA/Fund</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Med Center Funding	\$ _____	

Campus		
<u>Account Name</u>	<u>DPA/Fund</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Campus / Other Funding	\$ _____	

**Note that these funding sources are NTE (not to exceed) amounts as of the date of this document. If the project budget exceeds this total, separate requests for funding must be made.*

Approved by:

Jed Shivers, Vice Dean - Finance
School of Medicine, Dean's Office

Susan Moore, Assoc.Dir.of Finance
Hospital Accounting

cc: Medical Center Design & Construction Dept./Project Manager; Grace Crvarich, Box 1379