

# Request for Agency Fund



**Before submitting this form**, ensure that your request complies with [UCSF Campus Administrative Policy 300-12](#) which governs the establishment and administration of agency funds.

## Instructions

Complete the form, secure all approvals, and submit via email to: [GenAcctgSvcDesk@ucsf.edu](mailto:GenAcctgSvcDesk@ucsf.edu).

## Part A – Agency and Sponsor Information

Name and address of the principal for whom UCSF will be acting as fiscal agent.	Name	
	Address	
Name, department, department ID, campus address, and telephone number of the UCSF sponsor.	Name	
	Department	
	Department ID	
	Campus Box	
Name, payroll title, department, campus address, and telephone number of individual ( <i>if not the sponsor</i> ) who will be the signatory for this agency fund.	Name	
	Payroll Title	
	Department	
	Campus Box	
	Telephone	

## Part B – Describe the relationship of the principal to the University:

## Part C – Describe the activities or project for which an agency fund is requested:

Any balance remaining in the agency fund after completion of the activity will be refunded to the principal named in Part A above. Any deficit remaining in the agency fund will be covered with departmental funds. Provide the department account that the Controller's Office will use to cover a deficit if one results:

Fund	Dept ID	Function	Project	Flexfield (optional)

## Part D – Proposed Fund Title (limit 30 characters):

## Part E – Principal Sponsor Name and Department ID:

Principal	
Sponsor	
Dept ID	

# Financial Journals (Source Code 535)

## Part F – Approvals:

Principal			
Signature		Date	
Type Name		Position	

Sponsor			
Signature		Date	
Type Name		Position	

Department Head			
Signature		Date	
Type Name		Position	

Budget Office			
Signature		Date	
Type Name		Position	

Reimbursement to UCSF Required?		Amount/Method	
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Send completed form with approval signatures via email to: [GenAcctgSvcDesk@ucsf.edu](mailto:GenAcctgSvcDesk@ucsf.edu)

(Retain a copy on file and for follow-up)

**Service Level Agreement:** This request will be processed within 3 working days of receipt or upon resolution of any questions or issues.

## Part G – Controller's Office Use Only:

Approval Date	
Fund Assigned	