



UNIVERSITY CAMPUS PROGRAM FUND SPENDING AGREEMENT

FUND DETAILS

Fund Name: _____ DeptID for Fund: _____ Fund #: _____
 College: _____ Department Name: _____
 Fund Director: Name: _____ Title: _____ Phone: _____
 Fund Purpose: _____

FUND EXPENSES

Did the donor restrict any expense categories? No (all expenses allowed) Yes

If yes, what expense categories are **not** allowed?

Salaries: Faculty/Staff
 Travel: Faculty/Staff
 Scholarships (or other student assistance)
 Salaries: Student
 Travel: Student
 Awards
 Hospitality
 Supplies/Equipment
 Other _____

FUND SOURCE

Cal Poly Corporation		Cal Poly Foundation		In the event of a deficit in this fund, list a University Campus Program (UCP) fund to transfer funds to cover the deficit:
Org Key/Obj Code	Transfer Amt	Fund #	Transfer Amt	
_____	_____	CPR02	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

Total Initial Funding Amount: \$ _____

FUND APPROVALS

NEW FUND REVIEW AND APPROVAL - *By signing this agreement, I hereby authorize and assign the ownership of the University Campus Program Fund and/or activity described herein to the University, and agree to adhere to all terms and conditions of the agreement. I also agree that all expenses charged to this fund shall be for a bona fide University business purpose. Please note that UCP funds with no income or expenditure activity over a period of 12 months are subject to closure and transfer to another UCP fund with similar spending restrictions.*

Fund Director Signature	Date	Foundation Management Signature	Date
Dean/Assoc Dean/VP Signature	Date	Fiscal Services Management Signature	Date
Title		AVP Administration & Finance Signature	Date

SIGNATURE AUTHORIZATION			DEPARTMENT REVIEW
List employees authorized to approve expenditures on this fund other than the Fund Director, Deans, and Associate Deans. Any expenditure involving reimbursement directly to the Fund Director requires approval from their supervisor.			Requester
Name _____	Name _____	Name _____	Dept. Reviewer