

FINANCIAL SERVICES FACULTY RELEASE TIME REIMBURSEMENT

Requested By:				Date:			RT#:			
University Enterprises Corporation at CSUSB				SUSB Philanthropic Foundation			ERP: Y	'es	No	
noted above for the fa	aculty time spec d projects. The	ified in this d	s and procedures, Cali document. The signato grees to release the	ries of this form inc	corporate and	d agree to	comply with th	e agreement	for time	
REQUEST INFORMATION Fiscal Year: Project Title: Semester Base Units:										
riscal feat.		Project Title.								
Name:			Status:			Monthly Base Salary:				
College:				Department:						
Assessment	U	niversity Re	mbursed Activity Account Receiving Funds Account Number Fund: Department ID:							
Account:			Fund: Depart			рерагипе	ment ID:			
			RELEASE TI	ME INFORMATI	ON					
Semester		Fall		Spring	Spring		AY Total			
% of time per semester										
WTUs per semester										
Salary										
Benefits										
Total										
Budget Informat	ion									
Account: 601819	Fund: [DeptID:	Class:		Project:		Total:		
Account: 603816	Fund:		DeptID:	Class:	Project:			Total:		
					G		rand Total			
SIGNATURES										
Academic Affairs			510							
Faculty Member:			Date:	Department Chair:			Date:			
PI:			Date:	-	College Dean:			Date:		
AA/S: Date:										
Philanthropic										
Authorized Signer:								Date:		
UEC										
Director, Sponsored Programs Admin: Date:										
Budget Approval, Sponsored Programs Admin:								Date:		
IF COMPLETED, THIS SECTION SUPERSEDES THE ACCOUNT DISTRIBUTION ABOVE:										
Account	Fund		Dept ID	Class		Project		Amount		