



**MOU WORKSHEET**  
**BETWEEN AN AUXILIARY CORPORATION**  
**AND A CAMPUS ENTITY**  
**FY: \_\_\_\_\_**

**MUST BE ATTACHED TO ALL MOUs:**

Please attach a copy of this completed and signed MOU Worksheet with each invoice submitted to Accounts Payable. Invoices for payment should not be submitted prior to request for services. Invoices submitted for payment without the MOU Worksheet attached may cause a delay in payment.

**REVENUE:    AUXILIARY SERVICE PROVIDER**

ACCOUNT: \_\_\_\_\_ FUND: \_\_\_\_\_ DEPT ID: \_\_\_\_\_ PROGRAM: \_\_\_\_\_ CLASS: \_\_\_\_\_ PROJECT: \_\_\_\_\_ AMOUNT:\$ \_\_\_\_\_

ACCOUNT: \_\_\_\_\_ FUND: \_\_\_\_\_ DEPT ID: \_\_\_\_\_ PROGRAM: \_\_\_\_\_ CLASS: \_\_\_\_\_ PROJECT: \_\_\_\_\_ AMOUNT:\$ \_\_\_\_\_

**Note:** *Auxiliaries should use Auxiliary chartfields. Complete the worksheet for **all** lines that are specified in this MOU. Attach additional pages as necessary.*

**Financial Approver:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Contact:** \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**EXPENSES:    CAMPUS SERVICE RECIPIENT**

ACCOUNT: \_\_\_\_\_ FUND: \_\_\_\_\_ DEPT ID: \_\_\_\_\_ PROGRAM: \_\_\_\_\_ CLASS: \_\_\_\_\_ PROJECT: \_\_\_\_\_ AMOUNT:\$ \_\_\_\_\_

**Financial Approver:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Contact:** \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Email:** \_\_\_\_\_

MOU Number \_\_\_\_\_  
*(For Auxiliaries use only)*  
**DO NOT SEND TO FINANCIAL SERVICES**