UCRIVERSITY OF CALIFORNIA School of Medicine

FINANCE AND ADMINISTRATION

Residual Account Request Form

SECTION A: PI Name / Department (completed by SRP)

Faculty Name:

Request Date:

Dept. / Division

In conformance with Residual Accounts Policy Number 950-01-004, I am requesting a residual account. This account allows me to direct-charge a portion of my X base salary to a grant, and in return, receive an allocation equivalent to the amount deposited to the residual account. **The total amount of the X charged to the grant cannot exceed 85% of the X base salary**.

The gross salary will be immediately allocated. However, the benefits portion will be allocated at the end of the 6-month period. Therefore, at the end of every 6-month period (or the end of the exchange period), the total amount allocated to my account will be adjusted to the amount actually charged to the grant.

SECTION B: C&G Grant Information (completed by SRP)

C&G Primary PI	Annualized X Value	
	Amount Used, Including	
C&G Co-PI	This Request	
	Available Remaining Balance	-
Grant End-Date	_	
Fund Number	Salary Rate	
Grant FAU:	Number of Months	
Exchange Period From:	Ducie stad ETE	
То:	Projected Gross Salary	<u>-</u>
<u>Comments</u> :	Projected Benefits	-
	Exchange Amount Total	-
SECTION C: Residual Account Information (completed by	– F&A)	
Residual Account	Date Established	
FAU	(BEA Funds Transfer)	
	_ 、 /	
SECTION D: Approval Signitures (signed by all parties)		
Approval Information		
Faculty Member Approval		Date:
SRP C&G Funding Acknowledgement ¹		Date:
Dept / Division FAO/Manager		Date:
Division Chair Approval ²		Date:
Finance & Administration Approval		Date:

¹ SRP will be responsible for managing the grant budget, including the salary expenditures, and will need to provide a salary report to substantiate the total salary costs, including salary and benefits detail.

² If chair is requesting residual account, then approval need to be granted by CFAO.