

**PO FOR SERVICES APPROVAL CHECKLIST
SIO CONTRACTS AND GRANTS**

Instructions: Please complete all information and attach any relevant backup documents. Do not start work until C&G has approved applicable Terms and Conditions. Incomplete checklists/attachments will be returned.

UCSD Requestor: _____ Mail Code: _____ Phone: _____ E-mail: _____
 Department: _____ Fund/Organization: _____ Index #: _____
 Outside Entity/Individual: _____ International? Y N Date issued: _____
 PO/Agmt. Reference No.: _____ Amount: _____ Inc or Dec from Existing PO? Y N Period of Performance: _____
 Brief Description of goods/services to be provided: _____

1. Buyer Indicator Source: _____ Buyer Indicator Source# _____
 1 = 100% non-Federal Funding (e.g., agreement is to sell goods/services paid by a foreign, state or private source)
 2 = Partial or total direct Federal Funding
 3 = 100% Federal Flow-through Funding (e.g., agreement is to sell goods/services paid 100% by Federal Funds, although allocated by a foreign, state or private source)
 If code is #2 or #3 above, identify federal agency and award number: _____
- | | YES | NO |
|---|-------|-------|
| 2. Is the work primarily for University research, academic, scholarly or educational purposes? | _____ | _____ |
| 3. Are there other contractual or performance obligations beyond delivery of goods and/or services? | _____ | _____ |
| 4. Do satisfactory facilities for such services exist elsewhere (as provided in University Regulation #4)? | _____ | _____ |
| 5. Is sales tax applicable? If no, state reason: _____ (e.g., agreement for services only, not goods; goods will be delivered outside California; purchaser has provided a valid resale certificate; agreement includes the term for resale and purchaser's CA seller's permit number.) | _____ | _____ |
| 6. Direct Costs | | |
| a. Is this activity being conducted by an approved recharge facility? | _____ | _____ |
| b. Have the rates charged been approved by the UCSD Recharge Rate Review Committee? | _____ | _____ |
| c. Are like goods and/or services sold to other customers based on the same prices or pricing methodology? | _____ | _____ |
| 7. Overhead Costs and Differential Income | | |
| a. If rates charged are not approved by Recharge Rate Review Committee (#6.b., above), does the amount awarded include overhead costs or differential income (DI) as per SIO's Differential Income Overhead Rate Policy (eff. July 1, 2012) and http://blink.ucsd.edu/finance/accounting/SSA/index.html ? | _____ | _____ |
| b. If the award does not include overhead costs or DI, has a waiver been approved? | _____ | _____ |

Note: The requesting department is responsible for payment of all applicable overhead costs/DI unless approval is obtained to reduce or waive recovery. Acceptance of this agreement may be delayed pending required review and approval of recharge rates and/or overhead cost/DI exceptions.

8. Conflict of Interest Disclosure Form 700-U :
 ___ is not attached since the value of the agreement is less than \$1,000 or the Company is on the exempt list.
 ___ is attached, and original has been sent directly to COI (Mail Code 0992)
 ___ 700U form for the same Company was submitted within the past six months and I certify that there have been no changes in the financial interests with this Company

I request that this order be accepted on behalf of UCSD, and I accept responsibility for administering the agreement. I acknowledge that no post-acceptance administration or compliance monitoring will be performed by SIO Contracts and Grants, General Accounting, or OPAFS.

Signature of Department Chair or Designee Title Date

Official Use:

Accepted by SIO C&G

Accepted by General Accounting

Signature Date Signature Date