



Program/Salary Support Faculty Confirmation Form

I agree, given the nature of the consulting agreement and its intended use, to retain any funds generated from the following contract in my clinical department.

Contract #: _____

Contracting Company or Agency: _____

UCD School of Medicine Department: _____

Faculty Member providing services: _____

Description of Services: _____

Effective Date of Agreement: _____

Agreed to on _____ by:

Faculty Signature

Department DFA Signature

Faculty: Once you have completed and signed the form, send it to your Department's Director of Finance and Administration.

DFAs: Once this form is complete, click the Submit to CU Medicine Finance button to email to: FinanceContracts@cumedicine.us