



THE UNIVERSITY OF ARIZONA
College of Medicine
Tucson

COMMITMENT PROCESS & GUIDELINES

When departments decide to "call" on a commitment, the request form in this workbook needs to be completed and submitted electronically to the Assistant Dean for Financial Affairs. This procedure must be followed for each commitment annually.

The major resources available to the Dean to fulfill commitments are received on a quarterly basis. Therefore, it is important for the Dean's office to review the funding request to determine how best to meet the need considering funding sources and timeline of request. Although a department may have incurred commitment related expenses or funded a portion of a commitment salary on a specific department account, there is no guarantee that the Dean's Office will have that specific source or color of funds available to support the commitment at the time of the request for funding. **The Dean's Office reserves the right to determine the sources of available funding that will be used to fund commitments.**

If a commitment is for multiple years and is not called upon within a given year, the commitment for that year and subsequent years is moved forward in time. The Dean's Office does not "piggy back" or combine multi-year commitments into one year. If a department has a need to combine multi-year commitments into one year, the department will need to make a provisional request with a minimum six month advance notice and with ample written justification.

College commitments are intended to be used within the time frame outlined in commitment letters. If a commitment needs to be delayed or extended, it is best to contact the Assistant Dean for Financial Affairs as soon as possible for approval to defer the commitment.

DEPARTMENT OR CENTER: _____

PROJECT CODE: _____

COMMITMENT TITLE: _____

TODAY'S DATE: _____

SUBMITTED BY: _____

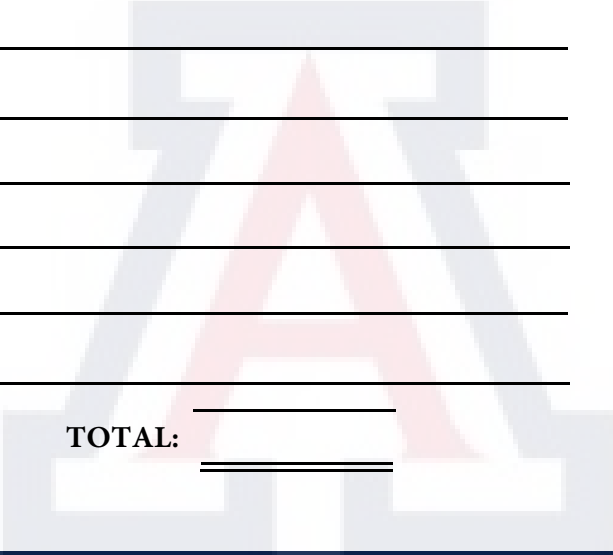
FISCAL YEAR: _____

DESCRIPTION:

Please Identify by FY quarter salary support, operations and capital needs.

PERSONNEL SERVICES:

Name	1st QTR	2nd QTR	3rd QTR	4th QTR	Sub-Total	ERE Rate	ERE	TOTAL	DESIRED FUND GROUP	
					Sub-Total:	_____			TOTAL:	_____



Please Identify by FY quarter salary support, operations and capital needs.

OPERATIONS:

Vendor	1st QTR	2nd QTR	3rd QTR	4th QTR	TOTAL	DESIRED FUND GROUP	Description

TRAVEL

Total: _____

CAPITAL/EQUIPMENT

Total: _____

Notes:

Total: _____

TOTAL REQUESTED AMOUNT