**UC Strategic Investment Program: Reimbursement Request / Promissory Note**

After receiving loan authorization under one of the UCSIP internal loan programs (CapEquip, C3, or STARs), campuses, medical centers, LBNL, and/or UCOP (“Participants”) may request reimbursement once per quarter (Sept., Dec., March, June) by completing the top half of this form and submitting it to UCOP. UCOP then completes the bottom half and returns it to Participant for signature. After receiving Participant signature, UCOP will execute the loan and transfer funds to Participant on the designated transfer date.

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| **Reimbursement Request**  (Completed by Participant) | Today’s date: | Select. |
| Participant: | Select. |
| UCSIP loan program related to this request: | Select. |
| Original date of total loan authorization (If CapEquip, then Regents’ meeting date): | Select. |
| Original amount of total loan authorization: | $ Enter text. |
| Amount of original loan authorization previously drawn: | $ Enter text. |
| Reimbursement request for this quarter (min. $100,000 & rounded down to nearest $1,000): | $ Enter text. |
| Date unused authorization will lapse (If CapEquip, then 6/30 of current fiscal year): | Select. |
| Description of expenditures: | |
| Enter text. | |
| Desired amortization term (If capital asset(s), amortization term must be ≤ average useful life): | Select. |
| Confirm loan repayment fund source: | Enter text. |
| Is the undersigned individual authorized to sign on behalf of Participant? | Select. |

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| **Promissory Note**  (Completed by UCOP) | Reimbursement (loan) amount: | | $ Enter text. |
| Funds transfer date: | | Select. |
| Total loan authorization remaining after this transfer: | | $ Enter text. |
| Debt Service Schedule: | | |
|  | | |
| Disposal of capital assets prior to full amortization necessitates prompt repayment of remaining principal. Participant responsible for notifying UCOP in event of disposal. Participant has read and understands loan program guidelines. UCOP may utilize Endowment & Investment Accounting Advances System to automatically transfer funds to Participant on the funds transfer date noted above and/or to automatically assess debt service when due. Participant will maintain financial resources sufficient to meet all debt service requirements shown above for the duration of the loan term. | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Participant Signature Date  Name: Enter text.  Title: Enter text. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  UCOP Signature Date  Name: Enter text.  Title: Enter text. | |