**BIOMEDICAL SCIENCES GRADUATE PROGRAM RETREAT  
GRANLIBAKKEN CONFERENCE CENTER & RESORT, NORTH LAKE TAHOE**

**October 27-29, 2017  
  
RETREAT RE-CHARGE AUTHORIZATION  
DEADLINE: WEDNESDAY, AUGUST 31, 2017  
  
PLEASE RETURN THIS FORM TO DEMIAN SAINZ**Email [demian.sainz@ucsf.edu](mailto:demian.sainz@ucsf.edu), Campus Mail Box 0505, or Hand Deliver, Room HSE-1285

All fields are fillable. You can type directly into them.   
If you have an electronic signature, you may email the completed form to demian.sainz@ucsf.edu.

|  |  |
| --- | --- |
| Last Name: | First Name: |
| Lab: | E-Mail: |
| Campus Phone: | Campus Box: |

**Chartstring to Charge:**

The estimated per-person cost of the retreat is $450-$750 depending on room type and single or double occupancy. Please note that final costs may be higher; final costs will be calculated by combining the room cost and per-person combined total of any additional retreat charges.

Please choose option one or option two.

(Option One)

|  |  |
| --- | --- |
| **Account:** 57825 | **SpeedType:** |

(Option Two) **NOTE: All fields must be completed unless marked as optional.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Account:**  57825 | **Fund:** | **DeptID:** | **Project:** | **Activity Period (must be included if sponsored project):** | **Function:** | **Flexfield (optional):** |

Name and Signature of Directing Principal Investigator named on the award being charged:

|  |  |
| --- | --- |
| Printed Name: | Signature: |

Please do not write below. Administrative Use Only.

|  |  |
| --- | --- |
| Printed Name: | Signature: |

Name and Signature of Accounting/Administrative Head/Authorized cost transfer reviewer