

**Department of Medicine
FACULTY OTHER INCOME DEPOSIT SLIP**

For all faculty members in the Clinical Compensation Plan/Basic Science Compensation Plan, please complete this form and forward with your Other/Outside income check to:

ON-CAMPUS ADDRESS

**Medicine-Finance
A-671 Factor
Mail Code: 708121**

OFF-CAMPUS ADDRESS

**UCLA Dept. of Medicine
Room A-671 Factor
700 Tiverton Ave.
Los Angeles, CA 90095-7081**

If you have any questions please feel free to contact Grace Cayosa (x52641) or Kristin Kuntz (x46369).

Faculty Member's Printed Name: _____

Division: _____

Please check the appropriate box for income type:

- Rand
- Medical Legal
- Other Consulting: _____

Note: If outside income is from a source other than Rand, please send back-up documentation with check.

Please give a brief explanation of services provided for which this income was received:

Faculty Member's Signature: _____

MSO's Signature: _____

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED: _____ **ISSUER:** _____
CHECK DATE: _____
CHECK NO.: _____
CHECK AMOUNT: \$ _____