DATA APPROVAL SHEET
Off Campus Lease Space - Regents As Lessee
Lease Summary

SAN DIEGO CAMPUS

ROUTING DATE:

Administrative Information

Real Estate System # _____ Type Agreement: _____ Type Action: _____

Approval Level: Campus _____ OP _____ Regents _____ Source: _____

Org./Index: ______________________ Fund: ______________________

Lease Participants

Department: _____________________ Lessor: ______________________

Contact: ____________________________

Phone: ____________________________

Address: __________________________

Property Information

Address: ______________________ RSF/Lease: _________ Year Bldg. Constructed: _________

Total Bldg. Sq. Ft: _________________ Lease Space Usage: __________________

Total SF Occupied by University: ________________________________

Lease Information - Terms

Start Date: _________ Term Date: _________ Length of Term _____ yrs. _____ mos. _____ days

Options: ______________________________ Type of Lease: ____________________________

Lease Information - Financial

Initial Monthly Rent: _____ Cost Per Sq. Ft.: ________ Utilities/Services Included? Yes _____ NO _____
Tenant Improvements: Pd. by Tenant: _____ Pd. by Landlord: _____ Total TI Amt Paid by Landlord Yes ____ No ______

First Year Rent (exclude concessions): _______ Consession: _______ Adjustment Method: ______

Total Minimum Cost Over Term: ____________________ Minimum % Increase: ________

Total Maximum Cost Over Term(include CPI max): ____________ Maximum % Increase ______

APPROVALS:

____________________________________________________________
Lease Initiator/Date

____________________________________________________________
Department Chair/Date

____________________________________________________________
Dean, School of Medicine/Director, Hospitals & Clinics / Date