

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

**SAN DIEGO CAMPUS**

**ROUTING DATE:**

**Administrative Information**

CAAN #

Real Estate System #	Type Agreement:	Type Action:
Approval Level: Campus _____	OP _____	Regents _____
Org./Index:	Fund:	
Source:		

**Lease Participants**

Department:	Lessor:
Contact:	
Phone:	
Address:	

**Property Information**

Address:	RSF/Lease:	Year Bldg. Constructed:
	Total Bldg. Sq. Ft.:	Leased 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 ___	
		Total TI Amt	
Tenant Improvements: Pd. by Tenant:	Pd. by Landlord:	Paid by Landlord Yes ___ No ___	
First Year Rent (exclude concessions):	Concession:	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