UC Santa Barbara
ERGONOMICS MATCHING FUND APPLICATION FORM

INSTRUCTIONS:
1. Complete this application form entirely in order to be reimbursed.
2. Provide the budget number to be credited with the Matching Fund Amount. Route to your supervisor/business manager for approval.
3. Submit completed form and copy of invoices or receipt to: Julie McAbee, Ergonomics Coordinator, Mail Code: 5132.

REIMBURSEMENT DATA (Please print clearly)

<table>
<thead>
<tr>
<th>Department: UCSB</th>
<th>Budget Number: 8 - 999999 - 99999 - 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee who will use furniture: Gaucho</td>
<td>First name: Joe</td>
</tr>
<tr>
<td>E-mail address: <a href="mailto:joe.gaucho@ucsb.edu">joe.gaucho@ucsb.edu</a></td>
<td></td>
</tr>
<tr>
<td>Supervisor: Joe Gaucho</td>
<td>Phone: 893-5555</td>
</tr>
<tr>
<td>Date of workstation evaluation: 12/13/14</td>
<td></td>
</tr>
<tr>
<td>Prepared by: Julie McAbee/Caitlin Kenagy</td>
<td></td>
</tr>
</tbody>
</table>

ACCESSORIES COVERED AT 50% (keyboard trays, keyboards, document holders, mice, headsets) COST

| 1. WorkRite Banana Board | $279.72 |
| 2. Document Holder | $104.76 |
| 3. | $ |
| 4. | $ |
| 5. TOTAL COST OF ACCESSORIES | $384.48 |

REIMBURSEMENT FOR ACCESSORIES (50% of Line 5) COST

| 6. CHAIRS OR DRAGON SPEAKING SOFTWARE ($100 reimbursement) | $192.24 |

| 7. Chair | $632.35 |
| 8. | $ |
| 9. REIMBURSEMENT FOR CHAIR/DRAGON SPEAKING ($100 each) | $100.00 |

TOTAL Matching Fund Amount (line 6 + 9) / < $500 (Per employee, not per request) $292.24

MATCHING FUND LIMITS AND REQUIREMENTS:

1. Applies only to: a) UCSB employees; b) Furniture/accessories to be used at UCSB; c) Furniture/accessories purchased for individual employees (not associated with new construction, renovation and relocation projects); and d) Pre-approved furniture and accessories as recommended by Ergonomics Coordinator.

2. Limits/ deadline: Not to exceed $500 per employee total (not per request). Matching Fund program effective until established funds are depleted.

3. Workstation evaluation: Employee must receive a workstation evaluation and recommendations. Workstation evaluation must be performed by UCSB Ergonomics Unit.

4. Submissions: Submit copies of furniture/accessories invoices and/or receipt with amount paid and this application form to qualify for ergonomics matching fund transfer.

5. Contact: Julie McAbee, Ergonomics Coordinator, extension 3283, if you have questions regarding this program.

I have read, understand and accept the terms, conditions and requirements of the Computer Ergonomics Matching Fund.

Signed by supervisor or other authority 1/1/15

Workers' Compensation Approval:

Julie McAbee, Ergonomics Coordinator Date  
Mari Tyrrell-Simpson, WC Manager Date
# ECWest

805 aerovista place suite 101  
san luis obispo, ca 93401  
805.439.2215  
ergowest@charter.net  
www.ergocomfortwest.com

<table>
<thead>
<tr>
<th>qty</th>
<th>model#</th>
<th>description</th>
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<tbody>
<tr>
<td>1</td>
<td>2128-22</td>
<td>Banana Board</td>
<td>$259.00</td>
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<tr>
<td>1</td>
<td>2550B</td>
<td>Doc Holder</td>
<td>$97.00</td>
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</table>

Remit to: Either Address is OK  
ECWest 805 aerovista place suite 101, san luis obispo, ca 93401  
or  
ECWest po box 1526, pismo beach ca 93448

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>sub-total:</td>
<td>$356.00</td>
</tr>
<tr>
<td>tax:</td>
<td>$28.48</td>
</tr>
<tr>
<td>freight:</td>
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<td>total due:</td>
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Thank you!
<table>
<thead>
<tr>
<th>#</th>
<th>UNT</th>
<th>PRODUCT</th>
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<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>173PB-SS-PC +1A/4001</td>
<td>Sitmatic Super Alpha Task chair,</td>
<td>540.50</td>
<td>540.50</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>sliding seat, tile casters</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Fabric: Dreamweave/Black 4001</td>
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<tr>
<td>2</td>
<td>1</td>
<td>Delivery</td>
<td>Receive, deliver and set in place</td>
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</table>

PRODUCT TOTAL: 540.50
CEIL/ASSEMBLY: 45.00

SALES TAX: 46.85
GRAND TOTAL: 632.35

PAY THIS AMOUNT: 632.35

It is understood and agreed that the above merchandise remains the property of TRI COUNTY OFFICE FURNITURE, INC. until delivered and paid for in full. TRI County Office Furniture, Inc. reserves the right to pick-up and repossess all furniture not paid for in full under the agreed terms and conditions. Purchaser agrees to pay a service charge/late fee at the rate of 1.5% per month (18% annual rate) on delinquent accounts and to pay all collection costs and reasonable attorney fees if suit is instituted. ALL ORDERED PRODUCT IS DEEMED SPECIAL ORDER AND MAY NOT BE RETURNED FOR CREDIT OR REFUND. A 20% restocking fee will be charged for all returned merchandise that was purchased from stock.