

**UNIVERSITY OF CALIFORNIA  
FINE ARTS - DOMESTIC EXHIBITS**

CAMPUS: \_\_\_\_\_

DATE: \_\_\_\_\_

PREPARED BY: \_\_\_\_\_

PAGE: \_\_\_\_\_ OF \_\_\_\_\_

<b>*NAME OF EXHIBIT</b>	<b>LOCATION BUILDING NAME</b>	<b>ACCOUNT #</b>	<b>DATES OF EXHIBITION</b>	<b>VALUE FOR EACH EXHIBIT</b>

*\*Please submit completed form and complete description of exhibits to:*

Risk Management  
2199 Addison Street, Suite 191  
Berkeley, CA 94720-1100  
Fax: (510) 643-5050