



CHECK REQUEST SUPPORTING DOCUMENTATION REQUIREMENTS

****IT IS THE ORGANIZATION'S RESPONSIBILITY TO READ THE INSTRUCTIONS BELOW & ENSURE ALL REQUESTS ARE COMPLETE. INCOMPLETE CHECK REQUESTS WILL NOT BE ACCEPTED****

Contact ASI Accounting Services at (916) 278-2231 or email at asiaccounting@csus.edu

- 1. AUTHORIZED SIGNERS:** For CLUBS and ORGANIZATIONS a current Club Agreement Form (CAF) with authorized signatures must be on file in the ASI Business Office, for applicable departments, an IRA/External Grant MOU. The check request must be signed by one of the authorized signatures on the CAF or MOU. Prior to submitting your request, verify the CAF on file is current. The authorizing signature on the check request cannot be the same as the individual to be paid.
- 2. RECEIPTS/INVOICES:** Original **itemized receipts/invoices** must be attached to the check request. NEATLY tape all LOOSE receipts on a blank piece of 8 ½ x 11 paper. NO RECEIPT COPIES ACCEPTED. Invoice(s), directly from vendor, can be faxed to 916-278-6278 or emailed to asiaccounting@csus.edu. If items are being shipped or delivered, please mark "received" on invoice or submit packing slip prior to submittal of check request, if not, the request will be considered an advance and receipt of goods (packing slip) will have to be submitted after order is received. Purchases made by check or credit card, a bank statement and/or copy of the credit/debit card showing **ONLY** the LAST 4 numbers AND the purchasers name need to be submitted.
- 3. MEETINGS:** Per Policy for Business Related Hospitality, found at <http://www.csus.edu/umannual/admin/adm-0111.html>, all reimbursements that are related to food and drinks (Alcohol is not a reimbursable expense) at business meetings (i.e. reimbursement for pizza purchased for club meeting) must include a list of members that attended the meeting. VOLUNTARY Tips are only reimbursed up to a maximum of 15% of the total reimbursable bill AND paid with credit or debit card (must show proof of tip payment, i.e. bank statement). CASH TIPS ARE NOT REIMBURSED.
- 4. CONFERENCES/MEMBERSHIP DUES:** Clubs must show proof of attendance to conferences, examples include: Name badge, conference materials, etc. For Membership dues, a list of members being paid for along with copies of the enrollment forms or price per member listing from club's dues website needs to be submitted with check request.
- 5. SALES TAX:** Any items that were not charged applicable sales tax will be subject to 8.75% sales/use tax (including purchases in CA if not already included). Any receipt/invoice that do not have a sales tax line item will be subject to 8.75% sales/use tax that will be charged to club/organization and ASI will pay tax to the State Board of Equalization.
- 6. ADVANCES:** All requests for advance reimbursement will need prior approval from the Director of Finance and Administration or the Accounting Manager and should be on a separate check request along with a memo or Advance Check Request Agreement stating the purpose for the advance and signed by an authorized signer. Advances have to be a minimum \$100 and the check **MUST** be made directly to the vendor. The request should include the invoice, quote or estimate of charges provided by the vendor. **Important: Original receipts need to be submitted to the ASI Business Office within two weeks following the event, otherwise your organization's privilege for advancement of funds will be revoked for a period of no more than 2 semesters. Further action up to and including suspension of your club account may be necessary.**
- 7. W9 & MOA FOR CONTRACTED SERVICES: (Contracted Services are self-employed or unincorporated entities receiving payment for services provided):** For these payments, a check request forms along with a completed Memorandum of Agreement and IRS W-9 Form must be submitted. In order for ASI to capture the associated tax for the entity, **DO NOT pay directly for contracted or outside services**, instead submit to ASI and at the end of the calendar year, the vendor will be sent a tax form 1099 from ASI. If entity is an individual and is a non-resident of California, the entity is subject to California Income Tax withholding of 7% unless they provide documentation (Form 590 in CA) showing they are exempt from withholding.
- 8. BUS, TRAIN, AIRFARE:** Receipts and proof of travel, such as boarding passes, itineraries, airline tickets, etc., as well as proof of conference attendance (see #4 above) must accompany all check requests for bus, train, or airline fares reimbursements. For student travelers via airplane or bus (capacity over 15 passengers), a **copy** of the University Travel Waiver must be submitted if paying for travel in advance. Student travelers from Clubs and Organizations, external and IRA grants must use the University Travel Waiver. Form locate at ASI Business office or at <http://www.csus.edu/aba/abafilesconfigs/documents/forms/riskmgmt/fieldtripstudentwaiver.pdf>
- 9. MILEAGE REIMBURSEMENT AND CAR RENTAL REIMBURSEMENT:** Mileage expenses for a privately owned automobile will be reimbursed using CSUS business mileage rate, currently at \$0.58 per mile. For reimbursement, submit a map showing total mileage traveled, round trip, and documentation showing proof of purpose of travel (example: proof of conference attendance see #4 above). If you have any questions, please contact the ASI Business Office prior to Travel. For car rentals, provide gas receipts and proof of car rental statement, along with proof of conference. Mileage is computed from either headquarters (CSUS) or the traveler's residence to the destination, whichever is less.
- 10. GIFT CARDS/CERTIFICATES:** It is the clubs'/organizations' responsibility to notify recipient of gift card or certificate they must self-report the gift card, regardless of amount, on their tax return, if applicable.
- 11. PETTY CASH:** Reimbursement requests for \$20 or less will be given as cash. A proper form of identification is required to receive payment.



CHECK/TRANSFER REQUEST FORM

*****See reverse side for supporting documentation requirements*****

TODAY'S DATE: TOTAL AMOUNT TO PAY \$

See website for check request deadlines and information <http://www.asi.csus.edu/services/accounting>

PARTY TO BE PAID: NAME/PAYEE:
ADDRESS(REQUIRED):
PHONE NUMBER(REQUIRED: EMAIL:

BE SURE YOU ATTACHED THE FOLLOWING AS NEEDED

| | | |
|-------------------------------|--|-----------------------------------|
| W-9 FORM | LIST OF MEETING ATTENDEES | ORIGINAL BOARDING PASSES /TICKETS |
| MEMORANDUM OF AGREEMENT (MOA) | TRAVEL WAIVER | PROOF OF CONFERENCE ATTENDANCE |
| ORIGINAL RECEIPTS | TOTAL MILEAGE TRAVELED (EX.GOOGLE MAP) | PROOF OF PAYMENT |

DEPARTMENT NAME

| | | | | |
|--|---------|----------------------|--------|----------------------|
| C H A T R O G E | ACCOUNT | <input type="text"/> | AMOUNT | <input type="text"/> |
| | ACCOUNT | <input type="text"/> | AMOUNT | <input type="text"/> |
| | ACCOUNT | <input type="text"/> | AMOUNT | <input type="text"/> |

DESCRIPTION (REQUIRED):
Description must include purpose of request and date(s) of event (if applicable). Please include the word "FUNDRAISING" at the beginning of the description if these are fundraising expenses,

AUTHORIZED BY (SIGNATURE(S)): DATE:

PRINT NAME OF PERSON(S) AUTHORIZING: PHONE:

***** CHECK TO BE: PICKED UP _____ MAILED _____ *****
INITIAL HERE IF THE CHECK IS TO BE RELEASED TO PAYEE ONLY(AUTHORIZED SIGNEE PER CAF OR PAYEE INITIALS ONLY): _____

SPECIAL INSTRUCTIONS:

THIS SECTION FOR ASI ACCOUNTING OFFICE USE ONLY

INV # _____ INV# _____ INV# _____ INV# _____

GL Account Balance: GL: _____ \$ _____ POSTING PERIOD _____
Month Fiscal Year

Authorized Signature(s) _____
1099/W-9 Info _____

GL: _____ \$ _____
GL: _____ \$ _____

Entered by _____ Processed by _____ Financial Aid (If Applicable) _____