

UNIVERSITY FOUNDATION AT SACRAMENTO STATE

Business Operations Users' Guide

This guide was prepared to assist Sac State staff with the administrative procedures associated with managing funds held by the University Foundation at Sacramento State (UFSS). University Enterprises, Inc. (UEI) is contracted by UFSS to manage the business operations of UFSS. UFSS follows UEI procedural guidelines in the management of funds.

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UNIVERSITY FOUNDATION AT SACRAMENTO STATE

OVERVIEW

501(c)(3) non-profit corporation and auxiliary of Sacramento State. UFSS serves as the philanthropic arm of the University. Gifts and endowments are administered through UFSS. It is governed by a volunteer board of directors made up of alumni, faculty, staff, students, and community members. The Advancement Office has administrative responsibility to acquire funds, and contracts with University Enterprises, Inc. to manage the University Foundation's business operations. The University Foundation has no employees.

Difference between University Foundation at Sacramento State (UFSS) and University Enterprises, Inc. (UEI)

UFSS administers gifts and endowments, and supports fundraising and philanthropic activities for Sacramento State. UEI administers grants and contracts for sponsored activity, and supports business enterprises for the University. UEI provides business services to UFSS. Both are non-profit 501(c) (3) auxiliaries established to serve the University for in different capacities.

Administrative Fees

CSU Executive Order 753 requires auxiliaries and the University to pay for costs related to the management of non-general funds. UFSS fees are used to defray the costs of annual external audits, the contracted business operation services provided by UEI, and other recordkeeping and reporting activities required of an auxiliary.

The administrative fees are as follows:

- 3% fee on all new gifts.*
- Expenditure funds shall be charged the lesser of the return rate or the annual 1% administrative and management fee, which will be taken from investment earnings.

**Starting July 1, 2016, the gift fees for new gifts were increased from 1% to 3%. The increment will be reviewed annually by the board.*

**The previous 1% administrative fee applies only to existing gift agreements/pledges entered into prior to July 1, 2016 and gifts received prior to June 30, 2016.*

ESTABLISHING AND TERMINATING ACCOUNTS

DEVELOPMENT OFFICE

The Development Office is responsible for activities that acquire funds for gift accounts. The Development Office:

- Works with donors to facilitate gifts and endowments that benefit the University,
- Prepares agreements for gifts, pledges and planned gift arrangements,
- Establishes new gift and endowment accounts, and
- Processes and receipts all gifts to Sacramento State.

ESTABLISHING NEW ACCOUNTS

If you have received a gift or pledge and would like to have a new UFSS account set up, contact the Development Office (278-6989). The staff will work with you and the donor (if needed) to draft and finalize the required Specification Sheets (specs). The specs document the type of fund, how it is to be administered, its purpose and uses, and who may approve expenditures. After the specs are fully executed with all the required signatures, you will work with UEI to access funds and financial reports. ***Please note: the only allowable fiscal transaction prior to the specs being fully executed is the depositing of gifts.***

Types of UFSS Accounts

- Endowment: established when a donor has stipulated that only income earned on the principal may be spent. A minimum principal balance of \$10,000 is required. Every endowment has a related expenditure account into which the earned income is transferred.
- Quasi Endowments (Funds Functioning as Endowments): determined by the UFSS Board of Directors (not the donor) to be treated and invested as an endowment.
- Expenditure: The funds in this account are available for spending. It may or may not be linked to an endowment.
- Scholarship Expenditure: Funds from this account are transferred to the University's CMS for scholarship awards. CMS communicates with FAMS, Financial Aid Management System. Each scholarship expenditure account has a related Scholarship (S) account on the University side. It may or may not be linked to an endowment.

TERMINATING AN ACCOUNT

When an account is no longer needed or funded, a request to close the account signed by the authorized signer is sent to the UFSS account administrator at UEI. The memo must include the following information:

- Why the account will no longer be used,
- Where the remaining balance (if any) is to go, and an
- Explanation of why the receiving account is appropriate.

Related documentation, such as approval from the donor, must be attached to the memo. If necessary, the Development Office will contact the donor for input.

A “Request for Transfer” should be submitted to move any unspent funds from the closed to another UFSS account.

A **“Request to Close Scholarship (‘S’) Account”** form is used when closing a scholarship account to ensure that Sacramento State Accounting will be notified to close their fund code.

DISBURSEMENT OF UFSS FUNDS

A successful and efficient disbursement of UFSS funds requires an understanding of the procedures for the disbursements:

- check requests,
- purchase orders,
- equipment,
- travel,
- petty cash/miscellaneous advances,
- stipends,
- consulting agreements, and
- other related items.

The following section describes the procedures for fund disbursements, including explanations and samples of the various forms necessary.

*Please note that it is rare for a **student** to receive direct payment for services. In addition, UFSS does not employ student assistants. Student employees are hired by the University. The University invoices UFSS for employee costs that are to be recovered from a UFSS account.*

Before making direct payment requests to students for something other than reimbursement of purchases or travel, please contact the UEI account administrator assigned to UFSS accounts. Please also see sections on Scholarships and Other Payments.

BASIC REQUIREMENTS FOR DISBURSEMENT

All expenditure requests must be allowable per the purpose stated on the specs.

All expenditure requests must be signed by authorized personnel as shown on the spec or current signature authorization forms.

All expenditure requests must be complete, legible, and include your six-digit account number beginning with "X." Incomplete or illegible requests may delay processing.

All expenditure requests must be submitted on UFSS forms. Forms are available at <http://www.enterprises.csus.edu/business-services/about-the-university-foundation-at-sacramento-state/managing-your-university-foundation-account/>. Requests submitted on UEI forms will be returned. Please ensure that UFSS logo is at the top of the forms before using.

REIMBURSEMENT ACTIVITY ACCOUNT

Expenditure accounts may require on-campus services such as payroll, postage, telecommunications, and reprographics. A university reimbursement activity (RA) account must be established for these services.

In the Guidelines section of the specs, the box for Reimbursed Activity must be checked if these services can be charged to the UFSS account.

A University CMS chart-string will be established which links the campus charges to the appropriate UFSS expenditure account. This enables Student Financial Services to invoice the department to recover the campus costs. Attach the invoice and backup documentation to a UFSS check request, and send it to the UFSS account administrator for processing.

➤CHECK REQUESTS

Check requests are generally used for:

- purchases up to \$200.00,
- when a vendor will not accept purchase orders,
- required payment in advance, and
- reimbursement for out-of-pocket expenses.

Check requests may not be used for payment of consultant fees.

The Check Request form must be processed through the UEI Sponsored Programs Administration (SPA). Typically, routine checks are mailed or available for pick-up one week (five working days) after SPA receives the completed Check Request form. Depending on the circumstances, some requests may take longer to process.

INSTRUCTIONS:

The Check Request form must include:

- Complete payee name, address, city, state, and ZIP code.
- Date of request.

- Whether check will be picked up or mailed.
- Nature and purpose of the expenditure. (Please be specific.)
- Dollar amount.
- UFSS account number and object code to be charged.
- Whether a copy of the request is needed by the project director. (Submit form in duplicate.)
- Total dollar amount.
- Signature of payee if it is a reimbursement.
- Authorized signature. (Authorized signers requesting his or her own reimbursement must obtain a signature from the Chair, Dean, or VP.)

Invoices and information from the vendor relative to the purchase must be attached to the back of the request form. All original receipts or paid invoices must be attached to the form when requesting reimbursement for out-of-pocket expenditures. Internet purchases require either a packing slip or credit card statement showing the expense. Hospitality expenditures require a list of attendees.

Reimbursement to the University (General Funds). An expense reimbursement to the University using UFSS funds requires a University invoices issued by the Busar's Office. To request an invoice from the Busar's Office, the following information will be required:

- vendor name and address,
- contact name (who receives the invoice),
- amount,
- invoice detail (the more the better),
- back-up documentation related to the actual expenses being invoiced, and
- the chart string where the funds will be deposited.

Contracts with Event Venues (off campus). Contracts with event venues for fundraisers and other large events must be signed by the VP of Advancement (or his designee) and the Director of Finance for UEI. The authorized department representative initiating the event must also sign. All agreements or contracts with external entities need to be approved by an appropriate delegated authority of the University.

Please note that the UFSS and SPA Check Request form look similar; however, they are different. The most significant difference is that the UFSS form includes a section for the payee to sign when a reimbursement is being requested; the SPA form does not. The UFSS form also has an "X" printed in the account column.

➤PURCHASE ORDERS

Acquisitions of goods and services exceeding \$200 should be made with a Purchase Order whenever possible.

THE PROCESS:

A Purchase Order Request (instructions below) is completed and sent to UEI Sponsored Programs Administration, Bookstore Building Suite 3400, campus zip 6111. The UEI administrator assigned to UFSS accounts will review the PO Request, sign it, if correct, then forward it to Business Services where the PO will be prepared and issued. The account and object code will be encumbered for the value of the PO.

The requesting department will receive a copy of the Purchase Order to sign once the services or items are received. When the goods and/or services have been received the authorized signer must sign the Stock Received copy of the PO and attach the packing slips, then send them to UEI Business Services, Bookstore Building Suite 3700, campus zip 6063.

Original invoices from vendors are generally mailed directly to Business Services where they are matched against the signed Purchase Order copy and processed for payment. If the project director or department receives the original invoice from the vendor it should be promptly forwarded to Business Services. If the invoice exceeds the amount authorized on the Purchase Order by \$20, excluding sales tax and shipping charges, Business Services will contact the project director and the UFSS account administrator for payment approval.

COMPETITIVE BIDS AND SOLE SOURCE JUSTIFICATON

Purchases exceeding \$10,000 require three competitive bids unless purchased through a UEI or University department. The Department is responsible for obtaining the bids from the vendors or providing justification to the contrary in writing.

Purchases exceeding \$25,000 require three competitive written bids. These written bids should be included with the Purchase Order Request form. The Purchase Order Request cannot be processed without this information.

In the absence of bids, **sole source** purchases on a non-competitive basis will require written justification. The written justification should include:

- Why the item is needed.
- Unique performance factors of the products specified.
- Why these factors are required, and
- What other products have been evaluated and rejected and why.

Exceptions to bidding are hotel or other facility accommodations, and food or program coordinating expenses related to fund raising events or galas. Awards shall be on terms most advantageous to UFSS based on quality, price, service and delivery, and location.

PURCHASE ORDER REQUEST FORM INSTRUCTIONS:

Complete and legible Purchase Order Request forms avoid errors and delays. The following information must be included on all requisitions:

- 1. Date of Request. Contact Person and Phone Number.**
- 2. Vendor Information** (name, address, city, state, ZIP code, phone number, fax number, contact name)
- 3. Delivery To** (name, address, city, state, ZIP code, phone number, fax number, name of person receiving the items)
- 4. Account number and object code to be charged.** If more than one account or object code is used for distribution, under “% Distribution” enter the percentage of the total expense; the sum of all percentages must equal 100%. Or, you may choose to enter the exact amount (under Distribution Amount) to be charged to each account/object combination.
- 5. PO Distribution.** Indicate if you want the printed PO mailed, faxed or picked up. If you choose “Fax”, you must include a fax number in the “Vendor Information area.” When a PO is faxed, the original (confirming) PO is also mailed to the vendor.

Date Items Required. Enter the date on which you must receive the items ordered.

PO Expiration Date. Enter a date on which the purchase order should expire. Invoices received more than 60 days after this date will not be paid.

Room Tax Rate. If the PO is for a hotel room(s) (i.e. for a conference), enter the room tax rate.

- 6. a. Quantity.** The number of each item to be purchased.
 - b. Item #.** Catalogue number of item.
 - c. Description.** A complete description of each item to be purchased.
 - d. Unit Price.** The price for one unit.
 - e. Unit.** Description of the unit type (i.e. gross, box, dozen, bundle, case, each. etc.)
 - f. Tax.** Enter a “Y” in the “tax” column for each item that is taxable. Enter “N” if the item is non-taxable.
 - g. Total.** Multiply the quantity times the unit price for each item and enter it in the “Total” column.
- 7. a. Shipping and Handling.** Enter handling fees or “Shipping and handling” charges. This amount is taxable. Enter shipping charges only (no handling) adjacent to “Freight.” (Shipping and freight charges are non-taxable.)

b. **Subtotal.** The sum of all entries in the total column plus the shipping and handling fee. (If the total is \$10,000 or more, three competitive bids are required.)

c. **Sales Tax.** When calculating the total for sales tax, multiply the appropriate sales tax rate times the cost for all taxable items, including shipping and handling. If room tax is applicable, calculate it separately and add it to the total sales tax amount.

d. **Freight.** Enter freight or shipping fee, if any. If no freight is to be charged, check the “no” box. UEI will not pay freight charges without your approval if this box is checked.

e. **Total PO Request.** Enter the sum of Subtotal, Sales Tax, and Freight.

8. **Check Applicable.** Check each box that is applicable. Purchase for Resale – If the purchase is for resale (or for goods that will be made into a product for resale)

Sole Source – If the purchase is for \$10,000 or more and no competitive bids have been solicited.

Hazardous Materials - Attach MSDS sheets

Capital Equipment or Equipment Components – Capital equipment is defined as an article of non-expendable, tangible personal property with a useful life of more than one year and a cost of \$3,000 or more. Use the “Justify/ Comments” section to state if any items from this purchase will be used to build equipment or to upgrade existing equipment.

9. **Alternate Vendor Information.** Three competitive bids are required on any purchase of \$10,000 or more (subtotal amount). Written bids from vendors are required on any purchase of \$25,000 or more (subtotal amount). Written bids must be attached to the PO request. Use this area to enter information on the two alternate vendors. If the lowest bid vendor is not selected, the purchase must be justified in the “Justify/Comments” section (below).

10. **Justify/Comments.** Use this area to justify a sole source purchase or to justify use of a vendor when the lowest bid is not selected. In addition, use this area to explain equipment purchase (see above). Attach additional sheets, if necessary.

11. **Account Authorization.** The PO Request form must be signed and dated by an authorized individual for the account.

Print Name and Phone Ext. Some signatures are difficult to read. Please print or type the name of the person authorized to sign for the account(s) and their phone number/extension.

➤ EQUIPMENT

Capital Equipment is defined as any item with a unit value of \$3,000 or more and a useful life of one or more years. This value includes all costs necessary to obtain the asset and physically place it in the position for its intended use - such as price paid, sales tax, freight, assembly, installation, and testing.

The Department is responsible for the use, maintenance, protection, and storage of all equipment. Thefts, losses, and damages must be reported immediately to your account administrator.

At no time does any purchased property become the personal property of Sacramento State employees. All purchased property is the property of Sacramento State and a Sacramento State property tag number will be attached

for inventory purposes. Equipment may not be moved from the original location or disposed of without prior approval from the Property Accounting Office. Equipment must be used exclusively for purposes as described in the specs.

➤ **TRAVEL**

UFSS travel policy follows the same general rules as the University. For Sacramento State Travel Procedures and Regulations see: <http://www.csus.edu/aba/accounts-payable/>. The Non-State meal allowances vary slightly. Please review the section below.

TRAVEL REQUEST

A complete Travel Request form must be on file with UEI prior to any travel. A copy of the conference or meeting announcement must be attached to the request. If traveling internationally, attach a copy of the Academic Affairs International Travel Request form (see below). If a student is traveling, attach a copy of the Sac State Release of Liability form to the UFSS Travel Request form. All UFSS travel forms are available on our Web site: <http://www.enterprises.csus.edu/business-services/about-the-university-foundation-at-sacramento-state/managing-your-university-foundation-account/>.

Sacramento State Domestic Travel Expense Justification /Request for Academic Affairs College, Divisions & Program form. This singular travel request meets the needs of both Academic Affairs and UFSS. After the traveler completes the top section of the form, it will be routed in the signature order listed. The UEI administrator will forward the form to the Provost's Office unless the traveler or project director requests that it be returned to them. The form is available on the Office of Academic Affairs website.

TRAVEL ADVANCE

An individual may request a travel advance for up to 90 percent of the total expected trip cost. This is done on the Travel Request form. This advance must be cleared within 10 days of return by submitting a Travel Expense Claim form with all the original and required receipts and appropriate documentation. An advance will not be made if the traveler has any outstanding advances.

Important: If after 30 days the receipt and documentation have not been received, the Vice President for University Advancement will be notified. After 60 days, the account will be suspended from any further expenditure until the advance is cleared. The Vice President for University Advancement and the department will be notified of such

action. If after 30 days the claim form, receipts and documentation are not received, the Vice President for University Advancement will be notified.

TRAVEL CLAIMS

Within 10 days of completing your trip, you must submit a Travel Expense Claim with the total costs of the trip less any advances received. Please be sure to indicate on the claim if you want the check to be mailed to the address listed or if you want the check to be picked up (please list a telephone number). If you have attended a conference or meeting, attach a copy of the schedule of events or other documentation received at the conference. Please access the travel forms on our Web site to ensure that you are using the most current version.

Original receipts are required for the following:

- Airplane travel. Passenger coupons must accompany the claim even if the ticket has been prepaid.
- Travel by any surface common carrier (i.e. bus, train, shuttle).
- Parking charges in excess of \$10.00.
- Hotel accommodations
- Automobile rental (Individuals utilizing vehicle rental services to conduct official business must purchase maximum full insurance coverage as a part of the rental agreement. Prior to entering into a rental agreement with any agency, you must be sure that full risk coverage is provided and that you have properly endorsed and signed for such coverage.)
- Conference registration
- Any expense \$25.00 and over.

The following information is required on all claims:

- Account number and object code to be charged.
- If check is to be picked up, please indicate the phone number to be called when check is ready. Write “Pick up check”, under the account number.
- Answer question: “Sacramento State Employee (Y/N)”?
- Claimant’s name – legal name.
- Employee ID number, project or department, your position title.
- Residence address, your normal working hours, private vehicle license plate number if mileage is claimed, your phone number.
- City, state, zip code.
- The departure date and time and return date and time.
- Mileage rate claimed – current rate predetermined.
- Date – the day and month departed from home or business.
- Location – Place where expenses occurred.
- Lodging – amount of cost for lodging for each night.
- Meals – reimbursement requested for per diem allowance based on time spent and regulations allowed for this travel. (State or Non-State)
- Transportation
 1. List cost of airfare, rental car fee, train fare, bus fare.
 2. Type used – A=Air, RC=Rental Car, T=Train, B=Bus
 3. Carfare, Tolls, Parking – list cost.
 4. Private Car Use – list amount of miles and reimbursement requested. Mileage reimbursements are reported to the IRS as required.

- Business Expense – list conference fees paid on-site, business calls, miscellaneous supplies, etc. These expenses must be explained “purpose of trip, remarks and details. Phone expenses must list date, place, number, and party called.
- Advances – (if applicable).
 1. Travel cash advance – enter Ref# if known, enter account-object number if known, enter amount as a minus.
 2. Prepaid airfare – enter PO# if known, enter account – object number if known, enter amount as a minus.
 3. Other prepaid expenses – registration fees, hotel room, etc. – enter account-number if known, enter amount as a minus.
- Purpose of trip, remarks and details – list the purpose of the trip. Be specific, each travel claim must be self explanatory.
- Claimant’s signature and date is required.
- Signature of authorized person (supervisor) approving travel and payment .

MILEAGE AND MEALS

Payment Source: Non-State Funds

Mileage Rate: \$0.535 (effective 1/1/2017)

Meals: Actual meal amounts will be reimbursed up to \$55 per day. Per meal reimbursement levels are not defined except for travel less than 24 hours, partial days of travel, or if meals are provided by a conference. The exception reimbursement level as are \$10 for breakfast, \$15 for lunch, and \$30 for dinner. Receipts are required for each meal of \$25 or more.

Incidentals: \$7.00 per 24 hour period

INTERNATIONAL TRAVEL, Required Travel Insurance

All Sacramento State faculty, staff and students who travel internationally on CSU business are required to use the Foreign Travel Insurance Program (FTIP) via the California State University Risk Management Authority (CSURMA). Sacramento State compliance and approval information can be found here:

<http://www.rms.csus.edu/riskmanagement/FacIntlTravelInsForm.aspx> (FTIP Report and Request) and

<http://www.csus.edu/acaf/forms> (Academic Affairs International Travel Request form). Faculty Foreign Travel

Guidelines can be found here: <http://uei-sp.uei.csus.edu/wp-content/uploads/2013/04/Foreign-Travel-Guidelines-AA.pdf>.

A copy of the signed and approved International Travel Request form must be attached to the UFSS Travel Request. Documentation that travel insurance was purchased should be attached to the Travel Claim.

If a traveler is not a university employee or student, the UEI “Foreign Travel Request Form” request form must be submitted two weeks prior to travel. This form is located here: <http://www.enterprises.csus.edu/human-resources/safety/>.

➤ **PETTY CASH**

For some departments or projects it is helpful to have a small amount of cash on hand (a petty cash fund) to use for small expenses such as postage stamps, small photocopying jobs, and miscellaneous office supplies. To establish a petty cash fund, a Check Request should be generated for the amount you need to keep on hand, usually between \$50 ~ \$200. The payee of the Check Request will be the person designated as the trustee of the fund. Be sure to include your six digit account number and the petty cash advance object code 1483. After an authorized signature is obtained, forward the Check Request to your account administrator. The check is normally available within five working days. A Petty Cash Reimbursement Request form is available for use in managing the fund. It is suggested that the trustee of the fund obtain a Reimbursement Request each time the fund is used. The original, paid receipt should be attached to this form and kept with the cash. At all times, the Reimbursement Requests, plus the cash, should equal the exact amount of the petty cash fund. It is important to keep the fund in a secured lockbox because the project is responsible for any losses that could occur.

The petty cash fund should be replenished frequently, at least once monthly, or more often depending upon usage. Monthly replenishment helps your account administrator record expenses within the proper accounting period. To replenish the petty cash fund, a Check Request form is used. (Again, the fund's trustee is the payee.) All Reimbursement Requests and paid receipts should be attached. The items can be expensed to various accounts and object codes on the same Check Request form.

Closing the Petty Cash Fund. Petty Cash funds must be closed December 31st and June 30th. To do this, a Check Request for all expenses needs to be generated. This Check Request is expensed to the account in the normal way, but a check is not issued. Instead the petty cash advance object code is credited. At the same time, the cash remaining should be deposited on a Cash Transmittal form, using the six-digit account number and the object code 1483. In this way, the entire petty cash fund will be accounted for. A Check Request for a new petty cash fund can also be included at the same time. This Check Request will be processed immediately after January 1st or July 1st.

It is important to use the petty cash fund correctly. The same guidelines apply to these expenses as would apply to any other expenses to be paid from a UFSS account.

➤ MISCELLANEOUS ADVANCES

Occasionally a vendor will not accept a Purchase Order. In these cases, a check can be issued in advance of receiving the merchandise or services. To prepay an expense, a Check Request should be generated. Please include your six digit account number, and the applicable expense object code. Requests for this type of advance follow the same guidelines as other disbursements. If the total purchase is over \$10,000, alternate bids should be obtained and listed on the Check Request or a sole source justification attached. The advance should be cleared within ten working days of receiving the merchandise or service. This is accomplished by furnishing your account administrator with original paid receipts (packing slips), and a notation that the merchandise or service was received. If the advance is for hospitality expenditures, include a list of attendees with the paid receipt.

Important: If after 30 days the receipt and documentation have not been received, the Vice President for University Advancement will be notified. After 60 days, the account will be suspended from any further expenditure until the advance is cleared. The Vice President for University Advancement and the department will be notified of such action.

➤ INDEPENDENT CONTRACTORS/CONSULTANTS

There are occasions when specialized services are required and can best be provided through the services of independent contractors and consultants. Examples of independent contractors and consultants include guest speakers, professional services, construction contractors, or other persons and firms offering services for a fee to the public. It is important to contact your account administrator when considering the use of independent consultants.

A completed Sole Source Justification Form or three competitive bids must be attached to the agreement if the services exceed \$5,000.

Before a consultant agreement can be approved for a campus or auxiliary employee, it must be reviewed by the appropriate HR department to ensure that the work being performed is outside the employee's job description and that there is no conflict with bargaining units.

Please note that a consultant does not serve in the same capacity as an employee. A consultant acts in an independent capacity in which the University Foundation at Sacramento State controls or directs merely the end to be accomplished, not the means and methods for accomplishing it. If you need to hire a person to perform tasks of an employee, then that person must be hired through Sacramento State. A reimbursement activity account will enable the University to invoice for the reimbursement of payroll costs using UFSS funds.

METHODS OF PAYMENT

The Agreement for Services of Independent Contractor/Consultant form must be used to establish contracts with all independent contractors and consultants. The proposed contractor and the Department must complete the form which, upon approval, becomes the contractual agreement between UFSS and the independent contractor or consultant. The agreement must be approved by UFSS/UEI prior to the contractor providing service. Upon completion of the contracted services, the contractor submits an Invoice and Certification for Services of Independent Contractor/Consultant form. The project director will forward the invoice to UFSS account administrator for approval and processing.

A check covering payment of the invoice will be available in the Business Services Office within five working days of receipt of the invoice. The check will be held for pick up or mailed as noted on the invoice.

PAYMENT RESTRICTIONS

University faculty or staff may not pay an individual from personal funds and then request reimbursement from UFSS later. It is the responsibility of UFSS to report income for work performed by an individual to the Internal Revenue Service. In order to satisfy this requirement, all payments to independent contractors and consultants will be made directly by the UFSS to the individual providing the service.

➤SCHOLARSHIPS

All scholarships must be awarded through the Financial Aid Office. At Sacramento State, scholarship awards are only issued through CMS, which communicates with FAMS (Financial Aid Management System). Every UFSS Scholarship Expenditure account must have a related scholarship (“S”) account on CMS. The “S” account for a UFSS-funded scholarship is a pass-through account. After the student has been awarded a scholarship, Accounting sends a Check Request to the UFSS account administrator for reimbursement to Sac State from the related UFSS account.

➤OTHER PAYMENTS

STIPEND

A stipend is a fixed payment which is not for services rendered. Examples would be attendance at a conference or participation in a program/study. An amount paid for “services rendered” is a “wage” under the IRS regulations and must be paid as salaries and wages.

Students who receive stipends must be approved by the Sacramento State Financial Aid Office prior to issuance of the check. Attach the written approval from the Financial Aid Office to a check request along with other backup documentation (i.e. workshop flyer or program description).

INTERNSHIP

UFSS cannot pay interns directly. Interns are students who perform services for an outside agency as part of their scholastic program. The student may receive some University credit for the service and may or may not receive payment. Auditors have determined that because a service is performed for an outside agency, any payment received must be considered employee compensation. Therefore, interns are considered employees and must be hired through Sacramento State and charged to the Reimbursement Activity Account linked to the appropriate UFSS account.

FELLOWSHIPS

A fellowship cannot be paid directly to a student using UFSS funds. A fellowship is an endowment for a graduate student or scholar to do advanced research. They are considered employees for the same reasons an intern is considered an employee. Payment must be made by Sacramento State and charged to the Reimbursement Activity Account linked to the appropriate UFSS account.

SPEAKERS and PERFORMERS

Speakers and performers are paid using the UFSS Agreement and Payment Request for Performers. This is to be submitted prior to service and with sufficient advance for timely check processing. It is signed by both the speaker and an authorized signer for the UFSS account. The Agreement is not valid until all parties have signed, including the Director of Finances for UEI. Attach a copy of the flyer, announcement, brochure, etc. announcing the performance. The UFSS Agreement does need to be attached to a check request.

If an agreement is provided by an agency representing the speaker, then the fully signed agreement is attached to a check request.

Please note: Checks marked for pick up cannot be provided to the Performer/Speaker until the day of the event. Checks marked for mailing will not be mailed until after the event has occurred. An exception will be considered when an agency requires an initial down payment.

HONORARIUM

An honorarium is defined as a token payment or award, usually in recognition of professional services or achievement, where custom, propriety, or agreement precludes the payment of a standard business rate of compensation. An honorarium expense is not related to the normal course of business.

A Check Request should be prepared showing the complete name of the payee, home address, social security number, amount, project and object codes, and the reason for the payment. An honorarium is normally limited to under \$600.

Ideally, Sacramento State or UEI employees will be paid honoraria through the Sacramento State payroll system, and charged to a reimbursement activity account. If this is not possible, the honoraria will be processed on a check request through UEI and reported to the Payroll office so that the income will be included on the W-2. Honorariums to students are prohibited.

In addition, project directors should not pay honoraria from personal funds and then request reimbursement from the UFSS. It is the responsibility of UFSS to report income for work performed by an individual to the Internal Revenue Service. In order to satisfy this requirement, all honoraria will be paid directly by UFSS or Sacramento State to the individual.

RELEASE TIME

Release time is a method by which a faculty member is released from a portion of normal faculty responsibilities in order to provide service to a project. If allowed by the specs, UFSS funds can be used to reimburse Sacramento State for release time. When a faculty member is requesting release time, a Release Time form must be approved prior to the start of the semester. For more information, contact the UFSS account administrator.

FISCAL YEAR ENDING JUNE 30

The University Foundation at Sacramento State's fiscal year ends June 30th. UFSS accounts are not closed at the end of the fiscal year. All funds rollover into the new fiscal year. There are some end-of-the-year requirements.

The following must be submitted prior to June 30th:

- All Gift Acceptance Forms (GAF) for cash and in-kind gifts should be submitted to the Development office.
- All gift dollars must be submitted to the Development Office in order to be recorded in the current fiscal year.
- All advances, including travel, must be cleared, if the event or travel has taken place prior to July 1.
- All petty cash funds must be cleared, which means that the actual expenses must be expensed and any cash remaining must be deposited. A Check Request for a new petty cash fund for the next fiscal year should be sent along with the clearing items.
- All invoices and check requests for current fiscal year's expenditures must be submitted to UEI Sponsored Program Administration.
- All deposits of checks, cash and credit cards for current fiscal year's revenue dollars must be submitted to UEI Business Services.

Sign and return "Stock Received" copies of Purchase Orders for items received year-to-date.

ACCOUNTS RECEIVABLE/CASH RECEIPTS

University Foundation at Sacramento State accounts receives funds by: Donations and Other Revenue

Handling of Cash: UFSS follows the UEI policies and procedures for cash handling. All donations and revenues, along with the appropriate forms, must be submitted, to UEI or the Advancement Office on the day of receipt or the following day. Cash and checks must be delivered in person, not through campus mail. Funds need to be retained in a secure lockbox.

DONATIONS (object code 6117)

Donations, with few exceptions, are deposited with The University Foundation at Sacramento State through the University Advancement Office. Gifts that are philanthropic in nature are tracked in the Development Office's gift management database. It is recommended that donations be accompanied by a completed **Gift Acceptance Form** (GAF). The submission of a GAF is required for gifts of \$250 or more; the dean's signature is required for gifts of \$5,000 more. The GAF details the donor information amount, dates received and where it is to be deposited. Acknowledgement of the gift is sent to the donor by the Advancement Office. The GAF is available here: <http://www.csus.edu/giving/forms.html>.

OTHER REVENUE (object code 6010)

Revenue other than donations is deposited using the UFSS **Cash Transmittal** form.

1. Complete the top section with the project or department name, contact name, contact phone number, and campus zip or address if located off campus.
2. If repaying an advance, type Yes, and enter the travel advance number.
3. Type the account name or title, account number, and object code that the funds should be deposited into.
4. Complete the lower section. For checks, enter the check number in the check number column and the amount in the check amount column. For Cash, type the amount in the cash amount column.
5. The preparer signs the bottom section. A secondary count and signature by someone other than the preparer is also required.

The Cash Transmittal must be submitted in triplicate and hand delivered to the UEI Business Services Office (Bookstore Building, Suite3700). Once your deposit has been received by Business Services, it will be reviewed, receipted, and a signed copy returned to you. It is important to send deposits promptly so that your account will reflect an accurate balance. All revenues should be submitted to UEI for processing on the day of receipt or the following day.

CREDIT CARD TRANSMITTALS (for other revenue)

Two forms are required for the submission of credit card deposits. Information entered in the **Credit Card Detail Form** will automatically transfer to the **Credit Card Transmittal Form**. UEI will destroy the Credit Card Detail Form in accordance with PCI information security standards. The Credit Card Transmittal Form will be retained on file. Do not keep a copy of the Credit Card Detail Form unless you have compliance procedures in place to secure and destroy or remove credit card information within 90 days. Deliver the Credit Card Transmittal to the UEI Business Services Office (Bookstore Building, Suite3700) on the day revenue is received or the following day.

Please note: Credit card deposits cannot be processed on the same transmittal form with cash or checks.

FUNDRAISING

Fund raising activities (or non-gift activities) are activities which raise funds whereby the contributor receives some value or benefit in return for the gift. For example, a gala dinner with a ticket price of \$200 may have a tax-deductible gift amount of \$140 and a \$60 value for the benefit of the meal the donor received. Funds received from fund raising efforts must be processed through University Advancement if they include donation revenue. This is both for tracking purposes and for an acknowledgement from the University to be sent to the donor (for income tax reporting). Be sure to include the gift/benefit split so that funds are deposited correctly. The Development Office may require documentation of the fair market value of the benefit.

All fundraisers where there is benefit back must receive written approval from the VP of University Advancement prior to the event. A **Fund Raising Approval Form** is available on the University Development website:

<http://www.csus.edu/giving/forms.html>

DESKTOP - FINANCIAL REPORTS

ONE SOLUTION DESKTOP

One Solution Desktop is UEI's web-based portal designed to provide easy access to online financial reporting and related administrative information. To request access to OneSolution Desktop for your UFSS accounts:

Requestor provides:

- a. Full name (first and last)
- b. Title/position
- c. Department name
- d. Work phone number
- e. Type of Access Requested: *University Foundation at Sacramento State GL Reporting*
- f. Email address
- g. Preferred User ID

The above information is e-mailed to the requestor's Manager/Supervisor requesting approval.

Manager/Supervisor provides:

- a. Authorization for the Requestor to access UFSS GL Reporting.
- b. Name, title and phone number

The e-mail with the above information (requestor and authorization) is forwarded to ufss@uei.csus.edu.

The e-mail will come to the UFSS account administrator, who will notify UEI Information Technology (IT). IT will notify the individual with the appropriate user name and password and provide instructions on how to set up access on the Internet. If the user encounters problems, the UFSS administrator should be notified.

CDD.NET REPORTS

Three UFSS reports are available through OneSolution Desktop:

- UF GL Revenue and Expenses – Detail by Individual Account
- UF GL account List by Account Title
- UF GL Account List Group by Department

The most widely used report is the first, UF GL Revenue and Expenses. The purpose of this report is to inform the users of the level of available funds. You will note that this report shows both the Market Value and Book Value.

Book Value includes funds received plus realized investment earnings less the expended and encumbered funds.

Market Value is the Book Value plus the unrealized earnings (gains or losses). The amount available for spending is always the lesser of the two.

OBJECT CODE DESCRIPTIONS

1481	Travel Advances
1482	Advances miscellaneous
1483	Petty cash advances
2003	Use tax payable
2151	State Sales Tax Payable
6010	Other Revenues (use for deposits)
6117	Contribution Private (use for deposits)
6088	Revenue Transfer
7030	Refunds
8003	Salaries & Wages
8013	Salary – Student Assistants
8016	Fringe Benefits
8017	Fringe Benefits – Retired Employee
8020	Salary – Overtime Expense
8022	FICA Contribution (includes Medical, OASDI)
8024	Retirement
8025	Worker Compensation Insurance
8026	Health Insurance Contribution
8027	Life Insurance Contribution
8033	Dental Insurance Contribution
8100	Lecturers
8101	Workstudy – on Campus
8103	Tenure Track Faculty
8119	Contract Services
8120	Consultant Services
8121	Honorariums
8124	Honorariums – Speakers
8224	IT Student Workstation Equipment
8225	IT Faculty Workstation Equipment
8228	Equipment, Donate to University
8229	Equipment, Short Life
8235	Dues and Subscription
8236	Furniture
8240	Insurance
8246	Supplies
8247	Supplies, Instructional
8250	Postage
8252	Printing & Duplicating
8254	Project Expense
8255	Public Relations
8256	Promotional/Publicity
8257	Employee Relations
8258	Award Programs Expenses

8268	Rent Expense/Facility Use
8273	Copy and Fax Expense
8276	Incentive Awards
8281	Taxes
8283	Telephone & Communication
8286	Travel Staff
8288	Travel Consultants
8293	Tuition & Fees
8308	Tele Trunk/Equipment Charges
8530	DP Hardware Expense
8816	Scholarship Transfer Out
8818	Membership Fees
8820	Special Events
8823	Other Student/Scholarship Grant
8931	Moving Expenses
8932	Transfer to Trust
8947	Transfer to University
8952	Fund Raising Expense

GLOSSARY OF TERMS

ABA NUMBER - The upper right part of the check fraction that identifies the bank that the funds are drawn on.

ACCOUNT ADMINISTRATOR - A Sponsored Programs Administration (SPA) staff who is assigned to manage a specific project or set of accounts.

ASSIGNED TIME - (See Release Time.)

AUTHORIZED SIGNATURE – Authorized persons named on the specs or signature card.

BOOK VALUE – Funds received plus the realized investment earnings less the expended and encumbered funds.

CASH RECEIPTS - Cash and checks deposited to an account.

CHECK REQUEST - A form used to request up to \$200 for purchases.

CONSULTANTS – Provide required specialized services. Examples include guest speakers, professional services, attorneys, construction contractors, etc.

CONTRACT - An agreement to procure goods and/or services.

DIRECT COSTS - Costs specific to a particular project.

DONATION – (see gift)

ENCUMBER - To obligate funds.

ENDOWMENT – Funds that donors specify are to be retained and invested for income-producing purposes.

EXPENDITURE ACCOUNTS – Accounts which permit expending the full amount of the deposited funds.

EXPENSED - Charged to a particular category, account number or object code.

FISCAL YEAR - July 1st through June 30th

FIXED PRICE CONTRACT - An agreement to do specific tasks for a specific amount of money. The obligation is on the contractor to fulfill the scope of work satisfactorily.

GIFT – A contribution received by an institution for either unrestricted or restricted use in the furtherance of the institution for which it has made no commitment of resources or services other than, possibly, committing to use the gift as the donor specifies. The contribution is a nonreciprocal transfer in that there is no implicit or explicit statement of exchange, purchase of services, or provision of exclusive information. If the donor receives benefits in return for the contribution, the amount of the gift recorded and reported is reduced by the fair market value of all benefits given, according to U.S. Internal Revenue Service regulations.

GRANT – A financial contribution to a Recipient to carry out an approved project or activity. A Grant generally anticipates no substantial programmatic involvement of the Sponsor with the Recipient during performance of the project or activity, but Sponsors usually request an accounting of the use of the funds and of the results of the project or activity. The agreement is binding and creates a quid pro quo relationship between the parties.

HONORARIUM - A token payment or award, usually in recognition of professional services or achievement.

INDEPENDENT CONTRACTORS - (See Consultant.)

INTERNSHIP - Students who perform services for an outside agency as part of their scholastic program.

MARKET VALUE – Book Value (funds received plus realized earnings less expended and encumbered funds) plus unrealized earnings.

OBJECT CODE - A number assigned by University Enterprises, Inc. to a specific budget category.

PHILANTHROPIC GIFT – Contributions given with no expectation of anything (tangible) back in return.

PURCHASE ORDER - An order to purchase goods. Purchases exceeding \$200 are processed through the use of a purchase order.

REIMBURSED TIME - Faculty and staff time reimbursed to the University for assigned or reimbursed time worked on UFSS projects.

RELEASE TIME - Faculty and staff who are released from regular University duties for a specific amount of time to work on a grant, contract or project. The University is reimbursed by the project.

SCHOLARSHIP ACCOUNTS – Pass-through accounts used for awarding scholarships to students. Scholarship Accounts (“S”) are Sacramento State accounts and are run through CMS.

SIX-DIGIT ACCOUNT NUMBER - The account number assigned to a specific spec by University Enterprises, Inc. UFSS accounts begin with “X.”

SPECIFICATION SHEETS (specs) – Required for the establishment of each UFSS account. They document the type of fund, how it is to be administered, its purpose and uses, and who may approve expenditures.

STIPEND - A stipend is a fixed payment that is not for services rendered. It is usually for attendance at a conference or participation in a program/study.

FORMS

UFSS: <http://www.enterprises.csus.edu/business-services/about-the-university-foundation-at-sacramento-state/managing-your-university-foundation-account/>

- Cash Transmittal
- Credit Transmittal
- Expenditure Signature Authorization Change Form
- Request for Transfer
- Check Request
- Purchase Order Request
- Purchase Order Sole Source Justification
- Agreement and Payment Request for Performers (and speakers)
- Consultant Agreement
- Consultant Sole Source Justification
- Consultant Invoice
- Travel Request
- Travel Claim
- Request to Close Scholarship (“S”) Account

Development Office: <http://www.csus.edu/giving/forms.html>

- Gift Acceptance Form (GAF)
- Fundraising Event Approval Form

Academic Affairs:

- Sacramento State Domestic Travel Expense Justification/Request for Academic Affairs College, Divisions & Programs

INSTRUCTIONS

Transmittal in the tab below.

Deposits are required to be delivered in person and receipts should be obtained immediately.

1. Complete the top section with the project or department name, contact name, contact phone number, and campus zip or address if located off campus.
2. If repaying an advance, type Yes, and enter the travel advance number. Contact your Account
3. Type the account name or title, account number, and object code that the funds should be deposited
4. Complete the lower section. For checks, enter the check number in the check number column and the amount of the check in the check amount column. For Cash, leave the check number column blank, and type the amount in the cash amount column. The lower section will compute subtotals and the total
5. Complete the bottom section and **submit in triplicate**. A secondary count by someone other than the
6. Submit to UEI Business Services Department, Bookstore Suite 3700 within one business day upon
7. Form may not be accepted if not signed or filled out properly.

PLEASE NOTE: Credit Card deposits cannot be processed on the same Cash Transmittal form with cash or checks. Use the Credit Card Transmittal form for credit card deposits.

INSTRUCTIONS

Deposits are required to be delivered in person and receipts should be obtained immediately.

Two forms are required for the submission of credit card deposits. Information entered into the Credit Card Detail Form will automatically transfer to the Credit Card Transmittal Form.

UEI will destroy the Credit Card Detail Form in accordance with PCI information security standards. The Credit Card Transmittal Form will be retained on file in accordance with UEI retention policy. **DO NOT KEEP A COPY OF THE CREDIT CARD DETAIL FORM unless you have compliance procedures in place to secure and destroy or remove credit card information within 90 days.**

[See UEI PCI Compliance Policy.](#)

The Credit Card Detail Form is located on the second tab of this workbook, titled Detail Form.

1. Complete the top section with date, project/dept. name, contact name, phone no. and campus zip or address if located off campus.
2. Type the account number, object code, and account title that the funds should be deposited into.
3. If repaying an advance, type Yes, and enter advance number. Contact your Account Administrator if advance no. is unknown.
4. Complete the lower section with first and last name of card holder, credit card number, expiration date, billing zip code, Card Security Code, amount and purpose for charge.
5. Print by clicking the "print" button at the top of the page. The appropriate number of copies for each form will print. Attach the Detail Form behind three (3) copies of the Credit Card Transmittal Form.
6. Complete the bottom section of the Credit Card Transmittal Form. A secondary count by someone other than the preparer is required.
7. **Submit in triplicate** to UEI Business Services Department, Bookstore Suite 3700 **within one business day upon receipt.**
8. Form may not be accepted if not signed or filled out properly.

PLEASE NOTE: Credit card deposits cannot be processed on the same transmittal form with cash or checks. Use the Cash Transmittal Form for cash and check deposits.



SACRAMENTO STATE
THE UNIVERSITY FOUNDATION AT SACRAMENTO STATE

6000 J Street
Sacramento, CA 95819-6111
(916) 278-7565 • (916) 278-4886 FAX
www.enterprises.csus.edu/uf

EXPENDITURE SIGNATURE AUTHORIZATION CHANGE

ACCOUNT INFORMATION

Account Number(s): _____ **Account Title(s):** _____

Today's Date: _____ **Effective Date:** _____

AUTHORIZED SIGNATURES FOR EXPENDITURES

Addition	Deletion	Title	Name	Sample Signature (Not required for deletions)
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

APPROVED BY
Approving authority must match an authorized title as listed on the original specification sheet.

Title	Printed Name	Signature
Select Title		

THE UNIVERSITY FOUNDATION AT SACRAMENTO STATE
VERIFICATION OF CHANGES

Signature _____ Date _____



SACRAMENTO STATE
THE UNIVERSITY FOUNDATION AT SACRAMENTO STATE

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CHECK REQUEST

Forward to: **Sponsored Programs Administration**
Bookstore Building, Room 3400
Campus Zip 6111

Vendor ID (Office Use Only)

FORM MAY BE RETURNED IF NOT COMPLETE

PAYEE INFORMATION	SUBMITTAL INFORMATION
NAME _____ ADDRESS _____ _____ _____	DATE OF REQUEST _____ SUBMITTED BY _____ EXT. _____
Complete section if income payment, i.e. cash award, stipend, etc. Sac State Employee <input type="checkbox"/> Yes <input type="checkbox"/> No Emp ID# _____ US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Non Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	CHECK ONE: <input checked="" type="checkbox"/> Mail to payee <input type="checkbox"/> Pick up Phone # for pick up _____

DETAILED NATURE OF EXPENSE: Attach all required original supporting documentation, i.e. receipts, invoices, etc.
(If hospitality expense, include a brief explanation of how expenditure benefits the University's educational mission.)

PLEASE COMPLETE				OPTIONAL USE	
Amount	Account #	Object	Account Title	Misc Desc (Max. 15 characters)	Invoice # (Max. 8 characters)
	X				
	X				
	X				
	X				
	X				
	X				
	X				
	X				
	X				
	X				
			TOTAL AMOUNT		

By my signature I certify that this is a legitimate expenditure per the specifications for the accounts listed above.

Authorized Account Representative Signature Date

Authorized Account Representative Signature Date
(Second signature if required per specification sheet)

Print Name(s)

If a personal reimbursement: I certify that I purchased the above item(s) or service(s) with my own personal funds, and that I have not yet been reimbursed by UEI, the University, its auxiliaries or affiliates.

Payee Signature Date

THE UNIVERSITY FOUNDATION AT SACRAMENTO STATE APPROVAL:

Date

Check No. _____
Date _____

***** To receive a copy, enter campus zip _____ and submit this form in duplicate. *****



6000 J Street
Sacramento, CA 95819-6111
(916) 278-7565 • (916) 278-4886 FAX
www.enterprises.csus.edu/uf

Date of Request _____
Submitted By _____
Extension _____

VENDOR INFORMATION:	DELIVER TO:
Company _____	Department _____
Street Address _____	Address _____
City _____	City _____
State _____	State _____
Zip _____	Zip+4 _____
Phone / Fax _____ / _____	Phone / Fax _____ / _____
Attn: _____	Attn: _____

Account#	Object #	Complete One Section (% or \$)	% Distribution	Distribution Amt.\$	FOUNDATION USE ONLY
X					PEID _____
X					PR# _____
X					PO# _____

PO Disposition -Mail, Fax, Pick Up	Date Items Required	PO Expiration Date (Optional)	Room Tax Rate (Hotels only)

Qty	Item #	Description (size, color, etc.)	Unit Price	Unit	Tax	Total

<p><u>CHECK APPLICABLE:</u></p> <p><input type="checkbox"/> Purchase for Resale</p> <p><input type="checkbox"/> Capital Equipment or Equipment Components (not available from within university)</p> <p><input type="checkbox"/> Hazardous Materials Order</p> <p><input type="checkbox"/> *Sole Source (justification below or see attached)</p>	<p>Shipping & Handling</p> <p>Subtotal</p> <p>8.25% Sales Tax</p> <p>Freight:</p> <p>Total</p> <p><input type="checkbox"/> Deposit Request</p>
---	---

* **In the absence of competitive bidding**, a completed Justification for Sole Source form is required if the subtotal is \$10,000 or more on non-hospitality purchases.

Deposit to be:
<input type="checkbox"/> Mailed
<input type="checkbox"/> Picked Up

**** Alternate Vendor Bids:** Three competitive bids (including above vendor) are required on any non-hospitality purchase exceeding \$10,000 (subtotal amount). List these below. *If alternate bid prices are less than the proposed vendor, the purchase must be justified in writing.* Written bids from vendors are required on any non-hospitality purchase exceeding \$25,000 (subtotal amount).

Alternate Vendors	Address	Telephone	Total Bid

Justify/Comments (add additional sheet if necessary):

Authorized By _____ Date _____	The University Foundation at Sacramento State Approval _____ Date _____
Print Name _____	Print Name _____

JUSTIFICATION FOR SOLE SOURCE
(attach to P.O. Request)

TO: The University Trust Foundation at Sacramento State

SUBJECT: Justification for Sole Source (item only available from one vendor)
 Justification for Sole Brand (solicit bids for only the specified brand)

Requested Item(s) _____

In accordance with The University Foundation at Sacramento State policy, the questions on this form must be fully completed to support restrictive bidding or no bidding at all. Only when a sound, complete justification is provided to justify why the specified product is needed and why only the specified source can supply the requested item (sole source). Attach additional sheets if necessary.

1. Why is the requested item needed?
2. What are the UNIQUE performance features of the product specified?
3. Why are the unique performance features REQUIRED (merely stating preferred is not sufficient)?
4. What other comparable products in the marketplace have been evaluated and rejected and why? (Note: Rejection can only be based on the inability to meet one or more of the REQUIRED performance features listed in question 2).

CERTIFICATION:

I am aware of The University Foundation at Sacramento State requirements for competitive bidding and the established criteria for justification of sole source purchases. As an authorized representative, I have gathered the required technical information and have made a concentrated effort to review comparable sources for this purchase. This is documented in this justification. I hereby certify the validity of the information and feel confident this justification for sole brand or sole source meets The University Foundation at Sacramento State's criteria and would withstand a University Foundation at Sacramento State audit.

Authorized Signature Date

Print Name Extension

**AGREEMENT AND PAYMENT REQUEST
 FOR PERFORMERS**

For services provided by guest speakers, entertainers or performers

- Form must be submitted to UFSS Account Administrator in advance of services per Chancellor's Office requirements.
- Agreement is not valid until all parties have signed including University Enterprises, Inc.
- Submit form with sufficient advance notice for timely check processing.
- Checks marked for pick up cannot be provided to Performer until day of event.
- Checks marked for mailing will not be mailed until after the event has occurred.
- Attach copy of flyer, announcement, brochure, etc. announcing performance.

ACCOUNT NUMBER: _____ **OBJECT CODE:** _____ **PEID** (UEI Use Only): _____

MAIL CHECK: YES NO Call for pickup: _____

1. PERFORMER INFORMATION

NAME _____ TELEPHONE _____

HOME ADDRESS _____

CITY, STATE, ZIP _____ INCORPORATED YES NO

Are you a current employee of the CSU, the University, or UEI? YES NO

IF YES, provide your employee id and name of campus: _____

IF NO, please provide name of current employer and your title. _____

Are you a U.S. citizen? YES NO *If no, additional information may be required.*

2. PERFORMANCE INFORMATION

LOCATION: _____

DATE AND TIME: _____

DESCRIPTION: _____

AMOUNT DUE: \$ _____

3. SIGNATURES

PERFORMER AGREEMENT and CERTIFICATION:

I agree to perform the services described above at the rate indicated. I certify that the data supplied above is true and correct, that I will perform the services described above, and that this amount is not in excess of my normal charges for similar services. I also agree to the terms and conditions on page two (2) of this agreement.

AUTHORIZED PROJECT REPRESENTATIVE:

I certify the services and fees as outlined above will be performed and that this performer was selected based on his/her expertise in this entertainment/performance field.

PERFORMER'S SIGNATURE _____ DATE _____

NAME (print) _____ SIGNATURE _____ DATE _____

4. UFSS APPROVAL/ACCEPTANCE

ACCOUNT ADMINISTRATOR:

DIRECTOR OF FINANCES, University Enterprises, Inc.:

NAME (print) _____ SIGNATURE _____ DATE _____

NAME (print) _____ SIGNATURE _____ DATE _____

**PERFORMANCE AGREEMENT
TERMS and CONDITIONS**

1. The Performer/Entertainer/Speaker (Performer) agrees to indemnify, defend and save harmless The University Foundation at Sacramento State hereafter referred to as "UFSS," University Enterprises, Inc. (UEI), the State of California, the Trustees of the CSU, the campus, and the officers, employees, volunteers, and agents of each of them from any and all claims, loss, damage or liability that may be suffered or incurred by, caused by, arising out of, or in any way connected with the performance of this agreement.
2. The Performer and the agents and employees of the Performer, in the performance of this agreement, shall act in an independent capacity and not as employees or agents of UFSS. UFSS controls or directs merely the end to be accomplished, not the means and methods for accomplishing it.
3. Without the written consent of UFSS, this agreement is not assignable by the Performer either in whole or in part.
4. Time is of the essence of this agreement.
5. No alteration or variation of the terms of this agreement shall be valid unless made in writing and signed by the parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto.
6. The consideration to be paid the Performer as provided herein shall be for all expenses incurred in the performance hereof, including travel and per diem, unless otherwise expressly provided.
7. The Performer shall not utilize for pecuniary gain not contemplated by the terms of this agreement any information not a matter of public record which he/she receives by reason of this agreement, regardless of whether the Performer is under contract at the time such gain would be realized. Any report, survey or other product developed by the Performer pursuant to this agreement is the property of UFSS and shall not be used in any manner by the Performer unless authorized by UFSS. Breach of this provision will make this agreement void at UFSS's option, and the Performer shall be liable for any other damages incurred by UFSS as a result of such breach.
8. By signing this agreement, the Performer certifies that he/she is not and will not be receiving compensation or reimbursement of expenses from any other project sponsored by the federal government or with federal funds for the same or similar services as provided through this agreement, and is therefore not receiving dual compensation for the services to be provided herein.
9. UFSS reserves the right to terminate this agreement upon written notice to the Performer.
10. Performer will maintain the necessary levels and coverage of insurance in performing this agreement or assume own risk.
11. In compliance with Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of the Family Code (Child Support Compliance Act), UEI and UFSS are required to report all individuals and/or sole proprietors to the Employment Development Department if this agreement (or combination of agreements) exceeds \$600 per calendar year.

INDEPENDENT CONTRACTOR / CONSULTANT AGREEMENT

1. INDEPENDENT CONTRACTOR/CONSULTANT, HEREAFTER REFERRED TO AS "CONSULTANT", SHALL SUBMIT AN INVOICE CONTAINING A CERTIFICATION OF THE TIME DEVOTED TO THE WORK, AND A STATEMENT THAT ALL REQUIRED WORK HAS BEEN COMPLETED.
2. The Consultant agrees to indemnify, defend and save harmless The University Foundation at Sacramento State, its officers and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, material personnel, laborers, and any other person, firm or corporation furnishing or supplying work, services, materials or supplies in connection with the performance of this agreement and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by the Consultant in the performance of this agreement.
3. The Consultant and the agents and employees of the Consultant, in the performance of this agreement, shall act in an independent capacity and not as employees or agents of The University Foundation at Sacramento State. The University Foundation at Sacramento State controls or directs merely the end to be accomplished, not the means and methods for accomplishing it.
4. Without the written consent of The University Foundation at Sacramento State, this agreement is not assignable by the Consultant either in whole or in part.
5. Time is of the essence in this agreement.
6. No alteration or variation of the terms of this agreement shall be valid unless made in writing and signed by the parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto.
7. The consideration to be paid the Consultant, as provided herein, shall be for all expenses incurred in the performance hereof, including travel and per diem, unless otherwise expressly provided.
8. The Consultant shall not utilize any information, not a matter of public record, which is received by him/her *by reason of this* agreement, for pecuniary gain not contemplated by the terms of this agreement, regardless of whether the Consultant is or is not under contract at the time such gain is realized. The report, survey or other product developed by the Consultant pursuant to this agreement is the property of The University Foundation at Sacramento State, and shall not be used in any manner by the Consultant unless authorized by The University Foundation at Sacramento State. Breach of this provision will make this agreement voidable at The University Foundation at Sacramento State's option, and the Consultant shall be liable for any other damages incurred by The University Foundation at Sacramento State as the result of such breach.
9. In signing this agreement, the Consultant certifies that he/she is not receiving compensation or reimbursement of expenses from any other project sponsored by the federal government or with federal funds for the same period as this proposed agreement, therefore not receiving dual compensation for the services provided herein.
10. The University Foundation at Sacramento State reserves the right to terminate this agreement upon written notice to the Consultant. All satisfactory work performed up to the time of such termination shall be paid in full by The University Foundation at Sacramento State upon submission of an invoice.
11. In compliance with Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of the Family Code (Child Support Compliance Act), The University Foundation at Sacramento State is required to report all individuals and/or sole proprietors to the Employment Development Department if this agreement (or combination of agreements) exceeds \$600 per calendar year.

The Consultant indicates below that he/she has read and agrees to all the above terms and conditions.

Signature: Consultant _____ Date: _____

ACCOUNT NUMBER	AGREEMENT NUMBER
NOTE: Agreement for services of Independent Contractor/ Consultant must be completed, processed and approved BEFORE submittal of this form.	

PEID #	PO #	<i>FOR UEI USE ONLY</i>	
FINAL PAYMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MAIL CHECK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
CALL	FOR PICKUP		

PLEASE PRINT

TO BE COMPLETED BY INDEPENDENT CONTRACTOR/ CONSULTANT	
A. NAME: _____ C. ADDRESS: STREET # & NAME _____ CITY, STATE, ZIP _____ COUNTRY _____ D. ACTUAL DATE(S) SERVICES PERFORMED: _____	B. ATTACH A W-9 FORM OR COMPLETE THE BELOW: _____ FEDERAL EMPLOYER ID NUMBER: _____ INCORPORATED? <input type="checkbox"/> No <input type="checkbox"/> Yes SOLE PROPRIETOR? <input type="checkbox"/> No <input type="checkbox"/> Yes IF YES, PROVIDE BOTH SSN AND FEID ABOVE – AND SOLE PROPRIETOR NAME: _____
E. DESCRIPTION OF SERVICES PERFORMED:	F. LOCATION:
G. PAYMENT DUE FOR: _____ <input type="checkbox"/> HOUR(S) AT _____ = TOTAL OF \$ _____ <small>ENTER # OF: <input type="checkbox"/> DAY(S) RATE PER HR/ DAY/ TASK</small> <input type="checkbox"/> TASK(S)	
H. I certify that the data supplied above is true and correct, that the services I have agreed to perform have been completed, and that this amount is not in excess of my normal charges for similar services. The working times involved were compatible with any and all other services for which I have received compensation from California State University, Sacramento and/or The University Foundation at Sacramento State INDEPENDENT CONTRACTOR/CONSULTANT: _____ DATE SIGNATURE PRINT NAME	

ACCOUNT APPROVAL:	
<i>I certify the services and fees as outlined above have been performed and are in accordance with the terms and conditions of an Agreement for services which has been completed and filed.</i> <i>I certify further that the funds for the services provided are available and are being expended in accordance with account guidelines.</i>	
DATE: _____	AUTHORIZED ACCOUNT REPRESENTATIVE: _____
	SIGNATURE PRINT NAME

FOR THE UNIVERSITY FOUNDATION AT SACRAMENTO STATE USE ONLY	
THE UNIVERSITY FOUNDATION AT SACRAMENTO STATE APPROVAL _____ DATE _____ TAX W/H: <input type="checkbox"/> YES <input type="checkbox"/> NO	DISENCUMBRANCE: <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NOT ENCUMBERED



SACRAMENTO STATE
 THE UNIVERSITY FOUNDATION AT SACRAMENTO STATE
 6000 J Street
 Sacramento, CA 95819-6111
 (916) 278-7565 • (916) 278-4886 FAX
 www.enterprises.csus.edu/uf

**Justification For Sole Source
 Submit with Agreement for Services**

Contractor/Consultant Requested: _____

In the absence of competitive bidding, the following information is required to justify using a specific contractor/consultant; explain the unique qualifications of that contractor/consultant. (*Attach additional sheets if necessary.*)

1. Why is the requested service needed?

2. What are the UNIQUE qualifications and features of the Contractor/Consultant specified?

3. Why are the unique qualifications REQUIRED (*merely stating preferred or recommended is not sufficient*)?

4. What other comparable Contractor/Consultants in the marketplace have been evaluated and rejected and why?

CERTIFICATION:
 I am aware of The University Foundation at Sacramento State's requirements for competitive bidding and the established criteria for justification of sole source agreements. As an authorized representative, I have gathered the required technical information and have made a concentrated effort to review comparable sources for this service. This is documented in this justification. I hereby certify the validity of the information and feel confident this justification for sole source meets The University Foundation at Sacramento State criteria and would withstand a University Foundation at Sacramento State audit.

 DATE REQUESTOR NAME REQUESTOR SIGNATURE PHONE



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TRAVEL REQUEST

(to be filed in advance of travel)

Account No:

DATE _____

CASH ADVANCE REQUEST

Must be cleared within 30 days of travel return date.

NAME _____

EID No: _____ Dept: _____

ADDRESS _____
MAILING ADDRESS CITY STATE ZIP

PURPOSE OF TRIP _____
(attach copy of conference announcement)

DESTINATION	_____	DEPARTURE DATE	_____	RETURN DATE	_____
TYPE OF TRANSPORTATION	_____	DEPARTURE TIME	_____	RETURN TIME	_____

ESTIMATED TOTAL COST _____

LESS PREPAID COSTS _____
(registration fees, airfare etc.)

Maximum Advance Allowed #VALUE!
Limited to 90% of the estimated total cost, less prepaid costs.

DATE NEEDED _____
Not more than 30 days prior to travel date.

Signature of Applicant _____ Date _____

ACCOUNT APPROVAL

I certify that all expenditures are for appropriate purposes and in accordance with the provisions of the account.

Amount Authorized for Advance
\$ _____

Signature of Authorized Account Representative _____ Print Name _____ Date _____

THE UNIVERSITY FOUNDATION AT SACRAMENTO STATE APPROVAL

TRAVEL REQUEST/ADVANCE

Advance Ref. No.

Approval Signature _____ Date _____

REMARKS: _____

Travel Request forms must be approved by authorized account official, and forwarded to Sponsored Programs Administration, Bookstore Building, Room 3400, **IN ADVANCE OF TRAVEL**. Reimbursement of expenses must be claimed on travel claim voucher within 30 days of travel return date. Travel reimbursement rates shall not exceed Sacramento State allowable rates.



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TRAVEL EXPENSE CLAIM

Account: Object:

CLAIMANT'S NAME			EMPLOYEE NUMBER*		ACCOUNT TITLE OR SAC STATE OFFICE			
POSITION			SACRAMENTO STATE EMPLOYEE? (Y/N)				CAMPUS ZIP	
RESIDENCE ADDRESS			NORMAL WORKING HOURS		PRIVATE VEHICLE LICENSE NO.		TELEPHONE NUMBER	
CITY		STATE	ZIP CODE	DEPART DATE & TIME		RETURN DATE & TIME		MILEAGE RATE CLAIMED 0.535

DATE	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			BREAK-FAST	LUNCH	DINNER				CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES		
		\$	\$	\$	\$	\$		\$		\$		\$
SUBTOTALS		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
COLUMN CODE (ACCTG. USE ONLY)												

Less Travel Advance (if applicable)	Ref#:	<input type="text"/>	Account-Obj:	<input type="text"/>	advances (enter as a minus)	<input type="text"/>
Less Prepaid Airfare (if applicable)	PO#:	<input type="text"/>		<input type="text"/>		<input type="text"/>
Less Other Prepaid Expenses - Registration Fees, etc. (if applicable)				<input type="text"/>		<input type="text"/>
CLAIM TOTAL						\$ -

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with The University Foundation at Sacramento State rules. If a privately-owned vehicle was used, I certify that the cost of operating the vehicle is equal to or greater than the rate claimed and I adhered to the vehicle safety and seat belt usage rules.

CLAIMANT'S SIGNATURE	DATE	SIGNATURE OF AUTHORIZED ACCOUNT REPRESENTATIVE APPROVING TRAVEL AND DATE
>		>
SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES		DATE
>		

For The University Foundation at Sacramento State Use Only	
APPROVED FOR PROCESSING:	DATE:
Approval Signature	_____

REQUEST TO CLOSE SCHOLARSHIP (“S”) ACCOUNT

California State University, Sacramento
University Foundation at Sacramento State

Date: _____

Submitted by: _____

Extension: _____

Name of Scholarship: _____

Scholarship account funds administered by:

Sacramento State, fund code S _____

University Foundation at Sacramento State, account X _____ fund code S _____

Reason for account closure: _____

Current account balance: \$ _____

Transfer balance to account: _____

Explain why the receiving account is appropriate: _____

Attach the following:

- Signed memo from the dean or unit VP/director requesting the closure of the account and transferring of funds.
- Written authorization from donor to close the account and move funds. This is required only if the fund has a single or key donor(s). Contact the Development Office for assistance.

Submit this form and required documents to Sacramento State Development Office, attention: Advancement Services (zip 6030), which will review and forward to University Accounting and/or UEI on behalf of UFSS for appropriate action.

Approved by: Development Office _____ Date: _____

Accounting Services _____ Date: _____

UEI on behalf of UFSS _____ Date: _____



SACRAMENTO STATE

GIFT ACCEPTANCE FORM

**Return to: Development Office – Gift Processing, CAMPUS ZIP 6030 Phone: (916) 278-7735
(or deliver to Sacramento Hall, Room 118)**

DONOR INFO: *Attach documents supporting gift. Attach list if more than one donor.* **Donor requests gift be Anonymous**

LEGAL DONOR

Individual: *(Select one)* or Organization: *(Select one)*

Name:

Title/Co.:

Address1:

Address2:

Phone:

Advance ID:

SOFT CREDIT DONOR

Individual: *(Select one)* or Organization: *(Select one)*

Name:

Title Co.:

Address1:

Address2:

Phone:

Advance ID:

Amount: \$

Date form prepared:

GAF completed by:

Allocation:

Account #:

Date gift received:

Campus phone:

Zip:

Appeal code:

Accepted by or deposited in: *(Select one from list)*

Form of donation: *(Select one from list)*

Gift reflects a payment toward a pledge *(attach pledge info)*.

Gift reflects realized bequest.

Gift reflects a payment as a result of a proposal submitted *(attach copy)*.

Date: _____ Advance Proposal #:

Additional Information:

In memory of:

Family to be notified of gift? Yes No *(yes: Family member Advance ID or name/address):*

In honor of:

Gift-in-Kind (except software):

Estimated fair market value or appraised value at time of receipt: \$

Company product? Yes No

Description: Indicate quantity, model #, manufacturer *(sufficient to inventory)*:

Formal appraisal supplied? Yes No

If no, how was amount/value determined?

If value \$5,000 or more, did donor submit IRS Form 8283?

Yes *(attach copy)* No

Gift will be used for: Instructional Purposes Non-instructional purposes

Gift location *(for tagging)* Building/Room:

Contact/phone:

Gift-in-Kind of Software:

Value of one license: \$

Any fee paid to obtain license: \$

Was CSU System valuation policy used to determine value? Yes No

Company product? Yes No

Gift Policy Committee Approval? Yes No

Did donor submit IRS Form 8283? Yes *(attach copy)* No

Approvals:

Dean *(Typed Name)*: _____

Development Officer *(Typed Name)*: _____

Dir. Planned Giving *(as req'd)*: _____

Dean *(Signature)*: _____

Development Officer *(Signature)*: _____

AVP-Dev: _____

For OUA/Accounting Use:

Advance Transaction #:

Advance Entry Date:

Processed by:

Advance Batch #:

Property #:



SACRAMENTO
STATE

Fundraising Event Approval Form
California State University, Sacramento
The University Foundation at Sacramento State

Event Title: _____ Proposed Date: _____ Annual Event? Y/N

Event Location: _____ Target Fundraising Goal: \$ _____

Event Purpose: _____

Participants: _____

Sponsors [asterisk (*) if confirmed, or attach prospect list]: _____

Will alcohol be served/sold? _____ Account # to which event proceeds will be deposited _____

Primary Contact Name Title E-mail

Department/Unit Campus Zip Phone Fax

Endorsements and Signatures:

Project Director (Print)

Signature/Date

Dean/Director/Department Chair (Print)

Signature/Date

Please forward this form along with attachments, proposed promotional materials, flyers, etc. to Vince Sales, Vice President for University Advancement, Campus Zip 6026.

Review:

Special insurance coverage reqd Liability waiver reqd Alcoholic beverage permit reqd

Comments: _____

Approved/Approved pending fulfillment of any special requirements checked above:

Vince Sales, VP University Advancement Date

Sacramento State
Domestic Travel Expense Justification/Request
for Academic Affairs Colleges, Divisions & Programs
In-state or out-of-state travel funded by a University fund or UEI or UFSS account

1. TRAVELER INFORMATION - Route for approvals PRIOR to travel start date and before entering a University travel requisition.

Name _____ EID# _____
 Phone# _____ Email _____ Department _____
 Mailing Address _____

2. TRIP INFORMATION

In-State Out-of-State University Fund _____ UEI/UFSS Account _____
 Departure Date _____ Return Date _____ Estimated Cost \$ _____
 Destination _____
 Trip Type: Conference Research Other _____

General Purpose of Travel - include your role and why it is mission critical and attach supporting documents.

Accommodations for Class Coverage

Risk Management notified of travel (for purposes of insurance, private vehicle use, etc.)

Lodging Rate Exception - complete if travel is funded by the University and pre-tax rate is in excess of \$275 per night maximum

Conference hotel rate per night is \$ _____

3. REVIEWS/APPROVALS

DEPARTMENT REVIEW (as needed)

Department

Print/Type Name _____ Signature _____ Date _____

Program Center/College

Print/Type Name _____ Signature _____ Date _____

UEI/UFSS

Approval (if travel costs paid by a UEI or UFSS account)

Print/Type Name (PI or Project Director) _____ Signature _____ Date _____

Print/Type Name (Account Administrator) _____ Signature _____ Date _____

Academic Affairs Approval

Provost

Print/Type Name _____ Signature _____ Date _____