

# Fundamentals of Club Accounts



## TODAY'S HIGHLIGHTS

1. Brief Introduction
2. ASI Account Registration Form
3. Purchase Order Request
4. Disbursement Request
5. Travel
6. OnBase Walkthrough
7. Updates
8. Policy, You, and the CSU video
9. Next Steps
10. Final Words
11. Questions

# Discussion Outline

# ASI is a recognized auxiliary organization of Cal Poly Pomona

Consists of elected, appointed student leaders, student staff and professional staff.



## #1

Register with the Office of Student Life and Cultural Center (OSLCC)

All clubs, organizations, councils need to be a recognized entity on campus. Contact OSLCC at  
(909)869-2841  
osl@cpp.edu  
oslcc@cpp.edu

## #2

ASI Account Registration Form

To maintain an account with ASI, all clubs, organizations, and councils are required to submit new account registration forms annually

# Getting Started

TWO KEY STEPS FOR THE  
NEW FISCAL YEAR

# ASI Account Registration Form

California State Polytechnic University, Pomona



ASICPP  
Financial Services

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## ACCOUNT REGISTRATION FORM

The ASI Account Registration Form will be available on the Financial Services website. Only the club president must fill this out and only one form is required per group.

All sections must be filled out, including:

- Purpose of Account
- Types of Spending Expenditures
- Expected Sources of Income
- Disposition of Funds: Non-profit or charitable organization you would like to donate your funds to if your account is inactive for 2 years or closed. You do not need to have an established relationship with the organization.

ASI Account Registration Form

For screen reader users, please press spacebar to attach documents in the Advisor Appointment Form attachment section (for IRAs).

### GROUP ACCOUNT INFORMATION

Type (Club or IRA)\*  
 Club  IRA

TYPE OF REQUEST\*  
 NEW GROUP  EXISTING GROUP

OFFICIAL NAME OF GROUP: \*

PURPOSE OF ACCOUNT AND TYPE OF EXPENDITURE TO BE MADE (Please indicate why the account is needed and the type of expenditures that will be made (For example: equipment, travel, etc.):\*)

EXPECTED SOURCES OF INCOME (Please indicate sources of income (e.g., contributions, sales, revenue, dues, etc.):\*)

### DISPOSITION OF FUNDS (Non-profit organization designated for donation of funds when account is inactive or closed):\*

REGISTERED WITH OSLCC? \*  
 Yes  No  N/A

DOES YOUR GROUP HAVE AN OFF-CAMPUS BANK ACCOUNT? \*  
 Yes  No

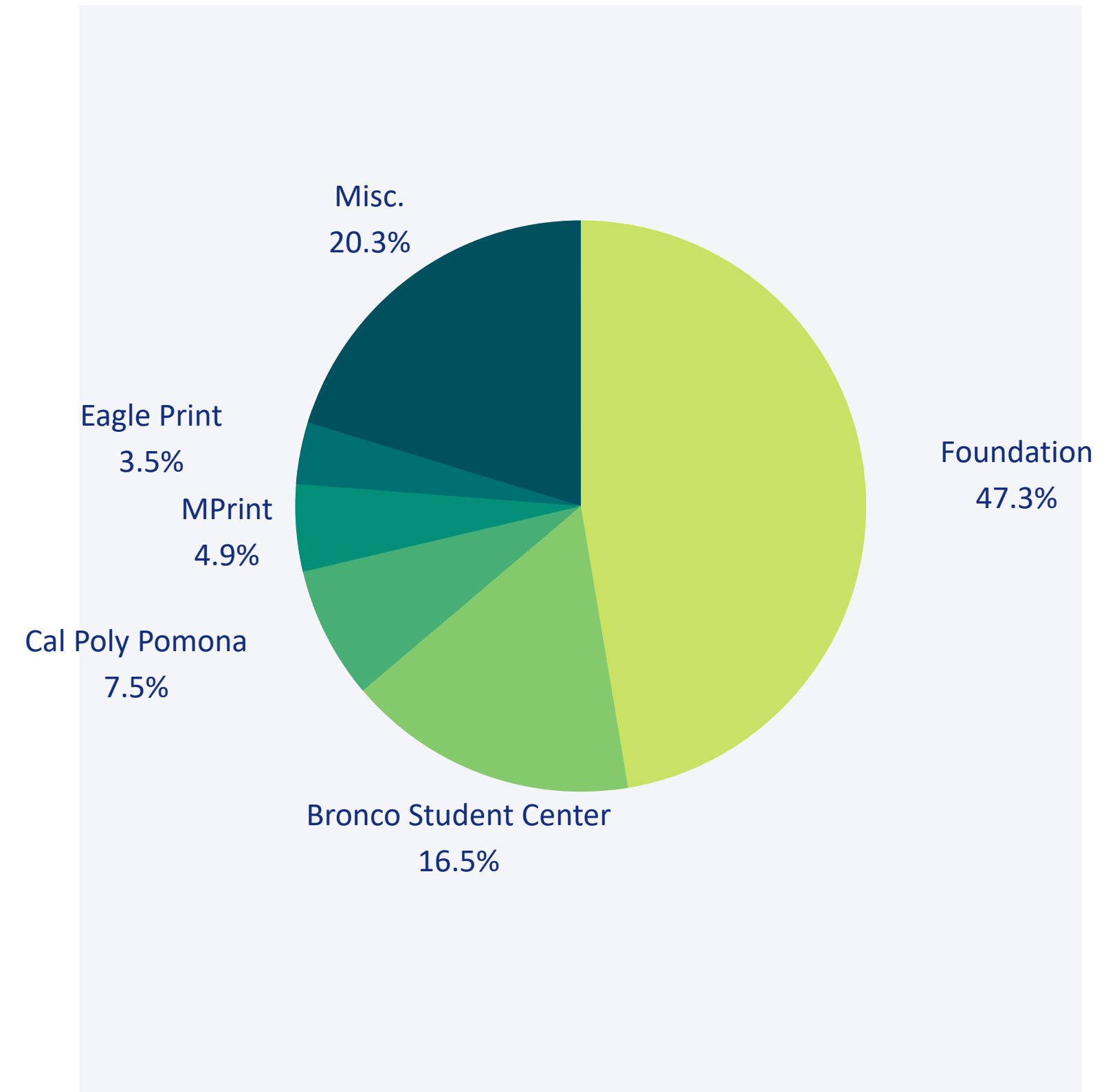
### CONTACT INFORMATION

Group Account Administrator Name: (Group President/IRA Advisor) LDUMLAO	Date 10/14/2021
Email Address LDUMLAO@cpp.edu	Phone Number: (Numbers Only)*

# Purchase Orders (PO)

## ONE YEAR OF SPENDING - EXAMPLES

- Foundation - Food & Bronco Bookstore
- Bronco Student Center - Room Reservations
- Cal Poly Pomona - Bronco Copy & Mail
- MPrint & Eagle Print - Shirts & Custom Printing



POs take 3 days to process

Financial Services is unable to accept incomplete forms so please plan ahead

POs required for several vendors

Examples: Kellogg West, Subway, Round table, room rentals, prints and services, etc.

POs are YOUR Responsibility

Disbursement Request is required when an invoice is received. All approval signature collection is your responsibility.

Foundation POs are on automatic payment plan - No Disbursement Request required after PO.

**purchase order is  
used to set money  
aside in your  
account for a  
purchase.**

# PURCHASE ORDER REQUEST - Clubs & Organizations

California State Polytechnic University, Pomona



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Financial Services

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## PURCHASE ORDER REQUEST - Clubs & Organizations

For screen reader users, please press spacebar to attach documents in the Purchase Order attachment section.

If ordering food, must attach: List of anticipated attendees. If a public event, attach flyer listing detail.

### ACCOUNT INFORMATION

Fund  Account Number\*  Object Code\*

Account Name / Organization  Description

### PURCHASE ORDER REQUEST INFORMATION

Vendor Name\*  Ship To (If not Building 35, please correct)\*

Address\*  Address

City\*  State\*  Zip Code\*

Phone # (Numbers Only)  Date of Event (If applicable)

### JUSTIFICATION FOR PURCHASE: (Limited to 30 Characters)

Purpose / Justification\*

### ORIGINAL DOCUMENTATION AND DESCRIPTION OF PURCHASE (Limited to 30 Characters)

Quantity *	Description #1 *	Unit Price *	Total Amount	<input type="checkbox"/> Alt Acct #	Alt Acct #	Alt Obj Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

# Incomplete forms will not be processed

All forms will be submitted via OnBase.



DRs are completed to pay vendors, reimburse individuals, and to pay for services.

- DRs are processed every week.
- Submit an approved DR by Thursday
- Payment is processed following Thursday

•Checks will be mailed unless Zelle/ACH is on file. Correct address must be listed on DR.

Only Current Forms will be accepted.

# Disbursements Requests (DR)



# ELECTRONIC PAYMENTS

Enroll in ACH/Zelle to receive your reimbursements or payments electronically

Vendor Direct Deposit Form (VDDDF) is required to enroll; if a DR is submitted and the payee does not have a VDDDF on file, they will receive a check in the mail

Vendor Direct Deposit Forms (VDDDF) may be submitted online. Please check our website ([asi.cpp.edu](http://asi.cpp.edu)) for the link.



## VENDOR DIRECT DEPOSIT FORM

**PURPOSE:** Information contained in this form will be used to process payment electronically from ASI, if desired by the payee. Please allow up to two weeks for payment information to be processed. Zelle is only available for individuals. As a business please select 'ACH'.

PLEASE SELECT PAYMENT TYPE:  Zelle  ACH

TYPE OF ACTION  New  Change  Cancellation

### PAYEE INFORMATION

Payee Legal Name

Address

City, State, Zip Code

### ACH/ZELLE INFORMATION

Please be sure your mobile number and email address is associated with a current Zelle account. You must register for Zelle with your financial institution prior to signing up for Zelle direct deposit.

Phone Number

Email Address

Type Of Account:  Checking  Savings

Financial Institution Name

Routing Number

Account Number

### CANCELLATION

Cancel Direct Deposit I hereby authorize ASI to cancel my current direct deposit action. Any further payments will be delivered as a check.

### AUTHORIZATION

I certify all information entered is correct.

### Terms & Conditions

By submitting the completed and signed vendor direct deposit form, it is agreed:

- The authorized representative allows ASI to process ACH or Zelle payments to the payee's account listed above, for payment/reimbursement of goods and/or services.
- There may be a delay in direct deposit processing for up to 2 weeks.
- These terms and conditions may be changed at any time and the payee will be notified; however, a new form will not be requested to be signed.
- ASI may cancel this agreement at any time upon notice to the payee.
- This authorization is to stay in effect until the vendor submits an additional form requesting cancellation or replacement. Please allow 2 weeks for changes to take effect.
- ASI will consider payment made when the payee's financial institution has control over funds. Please confirm with the payee's financial institution if any Zelle limits exist prior to requesting payment.
- ASI will not be responsible for any loss arising from error, mistake, or fraud regarding information on the form. A payment that has been processed cannot be cancelled or stopped. The information contained on this form will not be confirmed with the payee prior to payment.
- ASI has the right to adjust or deny future payments if previous payments are found to be duplicates, fraudulent, in error, or require any other adjustment under the terms of this agreement.
- ASI will be responsible for loss of funds only when the loss is due solely to the negligence of ASI.
- ASI will not be responsible for any fees to the payee's bank in relation to the transfer of funds.
- ASI will not be required to pay late fees if the funds remitted are not applied to the payee's account, through no fault of ASI.
- By signing this agreement, ASI is authorized to send payment emails and texts to the payee.

I have read and understand these terms and conditions

Angelic

PAYEE/AUTHORIZED REPRESENTATIVE'S NAME

TITLE

 SIGNATURE

3/29/2022

DATE

arosasi@cpp.edu





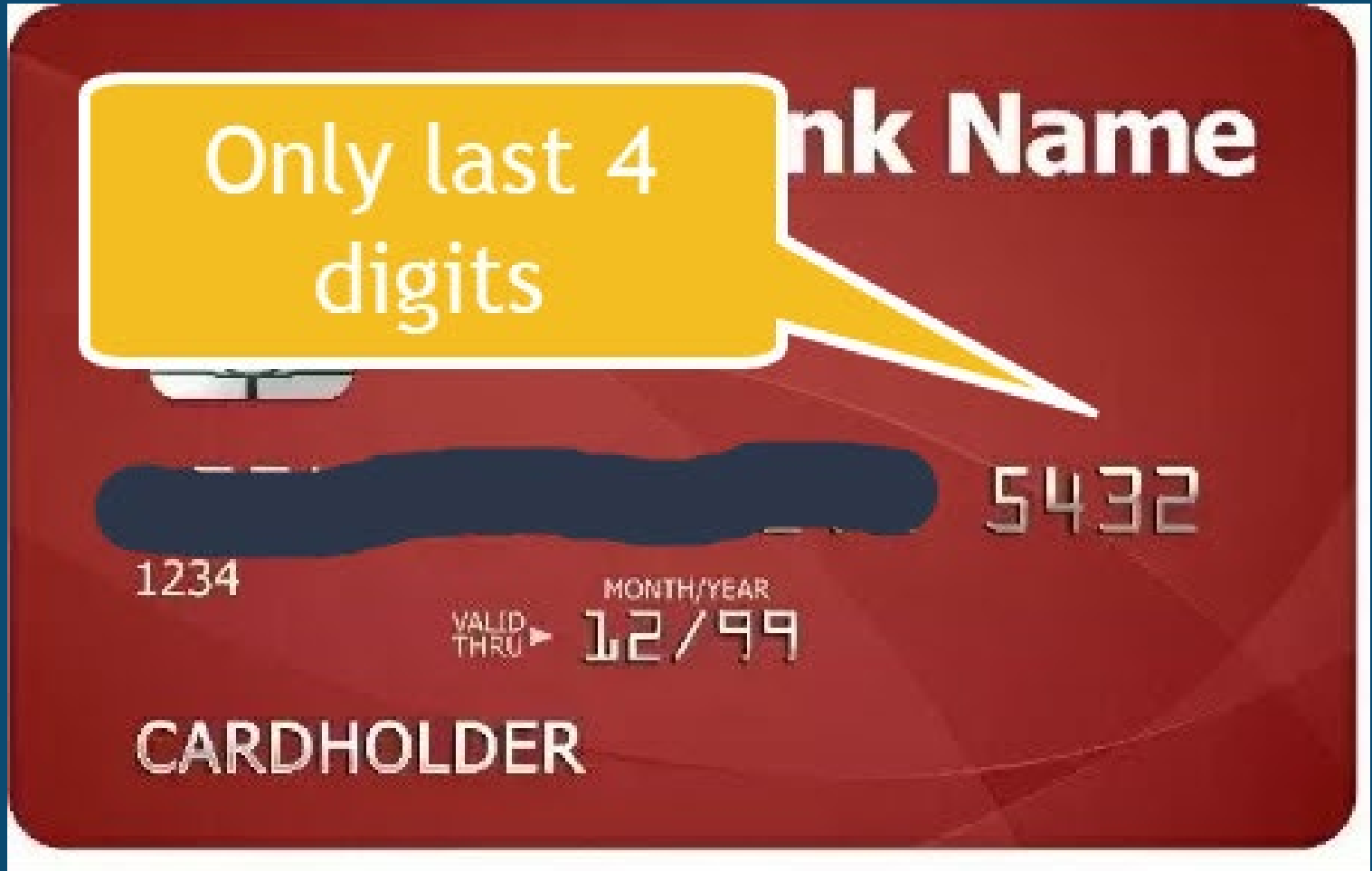
# Proof of Payment Documentation

## CREDIT CARDS - 2 OPTIONS

#1 - bank statement showing payee name and the transaction details

#2 - photocopy of credit card if payees name and last four digits of the card are visible on receipt

BLOCK OUT ALL EXTRA INFORMATION



# Proof of Payment Documentation - Cont.

## CHECKS

Attach a copy of the cancelled check

## INVOICES

Paid invoices must indicate paid off balance and type of payment

## HOSPITALITY

Any food purchases require a sign in sheet/flyer. ASI does not cover food for general meetings, but does cover in relation to recruitment, training, speaker presentations (not students or professors), and recognition purposes.

# PRIZE & AWARD FORM > \$50

Prizes and awards are taxable to the receiver.

• You must submit a Prize & Award form for all prizes, awards, and gifts over \$50 value with a Disbursement Request



## PRIZE, AWARD & GIFT FORM (Over \$50)

### Prize/Award Information:

AWARDED BY \_\_\_\_\_ ON \_\_\_\_\_  
(department/club) (date)

ITEM DESCRIPTION \_\_\_\_\_ VALUED AT \$ \_\_\_\_\_  
(cash/gift card/etc.)

### Please Provide the Following Information:

RECIPIENT NAME: \_\_\_\_\_

EMPLOYEE BRONCO ID: \_\_\_\_\_  
(If applicable)

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

RECIPIENT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

### Recipient Status (check at least one box below):

- ASI Employee\*
- Foundation/University Employee\*

*\* If an employee of ASI, Foundation or University, this will be taxed and reported on your W-2 Form if the amount is over \$50.*

- Not Affiliated\*\*/Vendor Data Form Required

*\*\*If not an employee of ASI, Foundation or University, a 1099 will be issued if you receive \$600 or more per calendar year.*

Please be aware that prizes and awards are taxable. It is your responsibility to report it as income. Check with your tax advisor for further details.



# PRIZE & AWARD RECIPIENT FORM < \$50

•A Prize and Award Recipient needs to be completed for all prizes or awards \$50.00 or less in value.



**Prize, Award & Gift Recipients**  
(**\$50 or Less**)

1 Name \_\_\_\_\_ Prize Description \_\_\_\_\_ Prize Value \$ \_\_\_\_\_  
(cash/gift card/etc.)  
Purpose \_\_\_\_\_ Date Awarded \_\_\_\_\_

2 Name \_\_\_\_\_ Prize Description \_\_\_\_\_ Prize Value \$ \_\_\_\_\_  
Purpose \_\_\_\_\_ Date Awarded \_\_\_\_\_

3 Name \_\_\_\_\_ Prize Description \_\_\_\_\_ Prize Value \$ \_\_\_\_\_  
Purpose \_\_\_\_\_ Date Awarded \_\_\_\_\_

4 Name \_\_\_\_\_ Prize Description \_\_\_\_\_ Prize Value \$ \_\_\_\_\_  
Purpose \_\_\_\_\_ Date Awarded \_\_\_\_\_

5 Name \_\_\_\_\_ Prize Description \_\_\_\_\_ Prize Value \$ \_\_\_\_\_  
Purpose \_\_\_\_\_ Date Awarded \_\_\_\_\_

6 Name \_\_\_\_\_ Prize Description \_\_\_\_\_ Prize Value \$ \_\_\_\_\_  
Purpose \_\_\_\_\_ Date Awarded \_\_\_\_\_

7 Name \_\_\_\_\_ Prize Description \_\_\_\_\_ Prize Value \$ \_\_\_\_\_  
Purpose \_\_\_\_\_ Date Awarded \_\_\_\_\_

8 Name \_\_\_\_\_ Prize Description \_\_\_\_\_ Prize Value \$ \_\_\_\_\_  
Purpose \_\_\_\_\_ Date Awarded \_\_\_\_\_

9 Name \_\_\_\_\_ Prize Description \_\_\_\_\_ Prize Value \$ \_\_\_\_\_  
Purpose \_\_\_\_\_ Date Awarded \_\_\_\_\_

10 Name \_\_\_\_\_ Prize Description \_\_\_\_\_ Prize Value \$ \_\_\_\_\_  
Purpose \_\_\_\_\_ Date Awarded \_\_\_\_\_

\*\*For any prize, award, or gift of over \$50, a Prize and Award Form must be completed. If items are purchased for use at a later time and the recipient(s) is not known at the time of purchase, the holder is required to keep a detailed log showing the recipient names, what was given, the purpose, the date given, and the value. Turn in to Financial Services when items are disbursed.




# PAYMENTS TO VENDORS

You need an invoice and Vendor Data Record from the vendor.

Vendor Data Record is required for all payments to vendors; if a DR is submitted and the vendor does not have a VDR on file, your request will be put on hold until one is received.

Vendor Data Records may be submitted online. Please check our website ([asi.cpp.edu](http://asi.cpp.edu)) for the link.

 <b>VENDOR DATA RECORD</b>		VENDOR #	
<small>(Required in lieu of IRS W-9 when doing business with ASI Financial Services)</small> <small>NOTE: Governmental entities, federal, state, and local (including school districts) are not required to submit this form.</small>			
<b>1</b> PLEASE RETURN TO: →→→→	DEPARTMENT/OFFICE <b>ASI Financial Services</b> STREET ADDRESS <b>3801 West Temple Ave, Bldg. 35-2123, Attn: Accts Payable</b> CITY, STATE, ZIP CODE <b>Pomona, CA 91768</b> TELEPHONE NUMBER <b>(909) 869-2800</b>	FAX NUMBER <b>(909) 869-6858</b> <b>PURPOSE:</b> Information contained in this form will be used by state agencies to prepare information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments.  <small>(See Privacy Statement on reverse.)</small>	
<b>2</b>	VENDOR'S BUSINESS NAME  SOLE PROPRIETOR - ENTER OWNER'S FULL NAME HERE (as shown on your income tax return)  MAILING ADDRESS (Number and Street or P.O. Box Number)  (City, State, and Zip Code)	VENDOR PHONE NUMBER ( ) -   *EMAIL ADDRESS	
<b>3</b> VENDOR ENTITY TYPE	<input type="checkbox"/> MEDICAL CORPORATION (including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.) <input type="checkbox"/> EXEMPT CORPORATION (Non-Profit) <input type="checkbox"/> ALL OTHER CORPORATIONS <input type="checkbox"/> LLC. Check appropriate box: <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership	<input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR (Must provide Social Security #)  <b>NOTE:</b> - Government entities - ASI employee  <b>are not required to submit this form.</b>	
<b>4</b> VENDOR'S TAXPAYER I.D NUMBER	SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF REVENUE AND TAXATION CODE SECTION 18646 (See reverse)  FEDERAL EMPLOYER'S IDENTIFICATION (FEIN)      SOCIAL SECURITY NUMBER REQUIRED/ITIN _____      _____ <small>IF VENDOR ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER      IF VENDOR ENTITY TYPE IS INDIVIDUAL OR SOLE PROPRIETOR, ENTER S.S.N./ITIN/SSN IF RESIDENT OF FOREIGN COUNTRY</small>	<b>NOTE:</b> Payment will not be processed without an accompanying taxpayer I.D. number.	
<b>5</b> VENDOR RESIDENCY DECLARATION For Tax Purposes  <small>All Payments Made By the University Are Subject To Federal and California State Tax Laws</small>	<b>Federal Income Tax Withholding Status (Applies to Individuals Only):</b> I am A US Citizen OR I am A Permanent Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No *If No box is checked, email address is required. See number 2 above.  <b>California State Tax Withholding Status (Applies to All Vendors):</b> <input type="checkbox"/> <u>California Resident</u> Qualified to do business in CA or have a permanent place of business in CA, California. <input type="checkbox"/> <u>Nonresident</u> (See reverse). Payments to CA nonresidents may be subject to state taxes.  <input type="checkbox"/> A Waiver from CA state tax withholding is attached (From the California Franchise Tax Board). <input type="checkbox"/> All services related to this payment were performed OUTSIDE of the State of California	<b>Prior to making payments to foreign citizens,</b> United States tax laws require all employers perform a tax analysis with respect to country of citizenship to determine residency for Federal tax purposes. (Please See reverse)  <b>NOTE:</b> An estate is a resident if descendant was a California resident at time of death. A trust is resident if one or more trustees are CA residents. <u>Rules for assessing State taxes differ significantly from Federal tax rules</u> (Please See reverse)	
<b>6</b> CERTIFYING SIGNATURE	I hereby certify under penalty of perjury under the laws of the State of California that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.		
	AUTHORIZED VENDOR REPRESENTATIVE'S NAME (Type or Print)	TITLE	
	SIGNATURE	DATE	TELEPHONE NUMBER

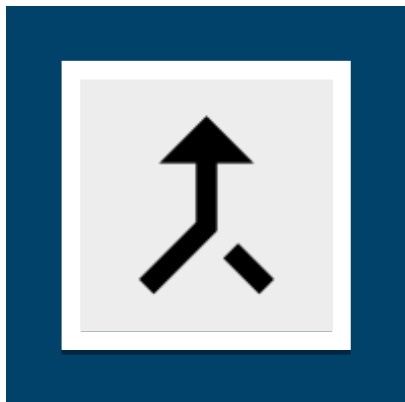




Holds will be put on future advances if receipts are not returned on time



Advances should be submitted using a Disbursement Request



Funds may only be used for the purpose for which they were withdrawn

# Cash and Travel Advances

UNUSED FUNDS MUST BE RETURNED

## Cash Advance

Limit \$200 per person.

Reconciled receipts must be returned within 10 business days after event.

Attach flyer, quotes, or some type of proof of event.

## Travel Advance

Travel Forms must first be submitted prior to the trip.

Include proof of trip document

Receipts/Travel Expense Claim Form must be returned within 10 days of travel



# Plan on Traveling as a Club or Organization?

AVOID ISSUES - COMPLETE A TRAVEL AUTHORIZATION

If you leave campus and wish to be reimbursed for expenses you **MUST** submit Release of Liability Forms.







# ASI Travel Procedures

## Before you go...

Student will need to fill out the following forms:



All items in the "Before you go" section must be completed 10 business days before the trip.

Person of contact on Authorization to Travel form will receive notification if forms were approved/denied along with Travel Authorization Number.

## After your trip...

If individuals need to be reimbursed for travel expenses, the following are needed:

Must be submitted within **10** business days of return date.





# Financial Services

## Request for Authorization to Travel Form

*Not for ASI Staff*

ASICPP

Office use only	
TA	

Type of Account

IRA Group  Club/Council  ASI Program/Student Gov

Name & Location of Conference/Seminar/Event, etc.:

\_\_\_\_\_

Date (dates) of travel: \_\_\_\_\_

Account code to be charged: \_\_\_\_\_

Total trip estimate: \$ \_\_\_\_\_

Purpose:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Justification of Essential Travel:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed 25Live Event Reservation Requirement? Yes  No

Requested by:

Student Name \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Approval By:


Advisor Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Office Use Only</b>	
Account in Good Standing	<input type="checkbox"/>
Sufficient Funding	<input type="checkbox"/>
Completed 25Live Event Reservation Form	<input type="checkbox"/>
Financial Services	Date _____
Dean of Students If IRA Group, Provost	Date _____

# Request for Authorization to Travel form

ONLY ONE PER GROUP NEEDED  
ALL PARTICIPANTS MUST BE LISTED ON THE  
"LIST OF TRAVELERS FORM"



 **Financial Services**  
*List of Travelers*

Traveler Name	Student/Staff/Faculty	Email Address

# List of Travelers

ONLY ONE PER GROUP NEEDED  
ALL PARTICIPANTS MUST BE  
LISTED ON THE  
FORM





**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS**

Activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activity Date(s) and Time(s): \_\_\_\_\_  
Activity Location(s): \_\_\_\_\_

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, Cal Poly Pomona and their employees, officers, directors, volunteers and agents (collectively "University") and Cal Poly Pomona Foundation, Inc.; Cal Poly Pomona Associated Students Inc.; and their employees, officers, directors, volunteers and agents (collectively "Auxiliaries") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have been informed and understand there remains a risk of exposure to COVID-19. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 will exist.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

*If Participant is under 18 years of age*

I am the parent or legal conservator/guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

\_\_\_\_\_  
Signature of Minor Participant's Parent/Guardian

\_\_\_\_\_  
Name of Minor Participant's Parent/Guardian (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor Participant's Name

# Release of Liability form

DO NOT LEAVE CAMPUS ON UNIVERSITY BUSINESS WITHOUT COMPLETING AND TURNING IN THIS FORM





ASSOCIATED STUDENTS INC.  
ESTIMATED TRAVEL EXPENSES

Group Name: \_\_\_\_\_

**Airfare** Total: \$ \_\_\_\_\_

Airline Carrier: \_\_\_\_\_

Departing Airport: \_\_\_\_\_

**Lodging** Total: \$ \_\_\_\_\_

Confirmation # \_\_\_\_\_

Hotel Name: \_\_\_\_\_

Dates Staying: \_\_\_\_\_

**Fee for Conference / Seminar:** Total: \$ \_\_\_\_\_

Address: \_\_\_\_\_

**Registration Pre-Deadline:** \_\_\_\_\_

**Other** Total: \$ \_\_\_\_\_

Explanation: \_\_\_\_\_

**Other Transportation:** Total: \$ \_\_\_\_\_

Explanation: (bus, rental car, taxis, train, etc.) \_\_\_\_\_

Use of personal car miles x 0.585 \_\_\_\_\_

*(Authorized volunteer must submit proof of personal automobile liability insurance with coverage and limits that meet California's minimum requirements).*

**Meals:** Total: \$ \_\_\_\_\_

**Incidentals (tips, phone calls, etc):** Total: \$ \_\_\_\_\_

**Grand Total:** \$ 0.00

Reminder for ASI Traveler	Amount
<b>Submit individual Disbursement Requests via OnBase for each ASI traveler requesting Cash Advance</b>	
Please submit an expense claim (with receipts) within 10 working days upon return.	
I acknowledge that failure to submit a complete travel expense claim and return any unused portion of the above advance(s) within 10-day period can result in deduction(s) by ASI to recover the entire amount advanced.	

# Estimated travel expense form

ONLY ONE FORM TO BE SUBMITTED WITH TRAVEL PACKET.









# GAS IS EXPENSIVE- CLAIM MILEAGE

•Submit Copy of a Google Maps and proof of insurance must be attached. If insurance is under parents name, please indicate. Proof of auto insurance must be valid during travel dates.

Current reimbursement rate is approx. \$0.585 per miles traveled







# International Travel

GOING ABROAD?

Additional authorizations and forms  
required - plan ahead.







# AUTHORIZATION FOR INTERNATIONAL TRAVEL

THIS FORM MUST BE SUBMITTED AT LEAST 30 DAYS IN ADVANCE OF DEPARTURE DATE.

In compliance with CSU Executive Order 1041, we hereby request authority for international travel to the destination/s, on the dates, and for the purpose indicated below:

REQUESTING ORGANIZATION: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

TELEPHONE CONTACT DURING DURATION OF TRIP: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

PURPOSE OF TRAVEL: \_\_\_\_\_

FUNDING FOR TRAVEL: ESTIMATED TRAVEL EXPENSE: \$ \_\_\_\_\_

Account Name \_\_\_\_\_ Account Number \_\_\_\_\_ \$ \_\_\_\_\_

Account Name \_\_\_\_\_ Account Number \_\_\_\_\_ \$ \_\_\_\_\_

LOCATION(S) AND DATES OF TRAVEL-INCLUDE COUNTRIES AND CITIES/REGIONS OF TRAVEL: (Attach additional travel location)

Country and Cities/Regions \_\_\_\_\_ Departure and Return Dates \_\_\_\_\_

Country and Cities/Regions \_\_\_\_\_ Departure and Return Dates \_\_\_\_\_

INDICATE IF ANY OF THE LOCATIONS WHERE YOU WILL TRAVEL ARE ON THE FOLLOWING LISTS:

- High Hazardous List: [http://www.calstate.edu/risk\\_management/in/documents/CSURMA\\_HighHazardList.pdf](http://www.calstate.edu/risk_management/in/documents/CSURMA_HighHazardList.pdf)
- War Risk: [http://www.calstate.edu/risk\\_management/in/documents/CSURMA\\_WarRiskList.pdf](http://www.calstate.edu/risk_management/in/documents/CSURMA_WarRiskList.pdf)
- U.S. State Department Travel Warning List: <http://travel.state.gov/constant/ussovereign/destwarnings.html>

### FLIGHT INFORMATION:

Airline Carrier	Departure Date/Time	Flight #	Returning Date/Time	Flight #

### LODGING INFORMATION:

Lodging Facility	Phone Number	Address	Period of Stay

Lodging Facility	Phone Number	Address	Period of Stay

### REQUESTED BY:

STUDENT: \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

ADVISOR: \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

We understand and agree that when approvals for foreign travel are obtained, the travelers will purchase the CSURMA FTIP insurance coverage from University Risk Management. Please allow for two weeks prior to the departure date to purchase the insurance.

For Office Use Only  
TA#

# International Travel Form <sup>18</sup>

### REVIEWED BY:

#### ACCOUNT STATUS IN AS FINANCIAL SERVICES:

\_\_\_\_\_  
ASI Executive Director \_\_\_\_\_ Date \_\_\_\_\_ \$ \_\_\_\_\_ Account Balance

#### REGISTRATION AND GOOD STANDING STATUS:

\_\_\_\_\_  
Associate Vice President / Dean of Students \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Vice President for Division of Student Affairs \_\_\_\_\_ Date \_\_\_\_\_

#### REQUIRED APPROVAL & PURCHASE OF INSURANCE:

##### RISK MANAGEMENT

\_\_\_\_\_  
University Risk Manager \_\_\_\_\_ Date \_\_\_\_\_

#### ADDITIONAL APPROVAL REQUIRED (Mark N/A if not needed):

For Travel to Countries on the High Hazardous, War Risk, and/or U.S. State Department Warning List

\_\_\_\_\_  
University President \_\_\_\_\_ Date \_\_\_\_\_

#### CHECKLIST-REQUIRED ATTACHMENTS:

For All International Travel Requests:

- Estimated Travel Expense Form
- Financial Report Showing Available Balance
- List of Travelers and Emergency Contact Information
- Trip Documentation (Conference Brochure)
- Release of Liability, Promise Not to Sue, Assumption of Risk and Agreement to Pay Claims Form (If minor, under 18 years, must be signed by parent/guardian)

For All High-Hazard and War-Risk Destination:

- List of accompanying University employees names, titles and contact information (email and phone)
- Written explanation if there is no accompanying University employee
- Memo from Area/Division Vice President in support of travel

# INTERNATIONAL TRAVEL - CHECK LIST

- AUTHORIZATION TO TRAVEL - INTERNATIONAL
- RELEASE OF LIABILITY - FOR EACH TRAVELER
- LIST OF ATTENDEES
- EMERGENCY CONTACT LIST
- FLIGHT AND HOTEL INFO.
- DOCUMENT CONFIRMING PURPOSE OF TRIP
- RISK MANAGEMENT INSURANCE - AFTER APPROVAL
- COPY **of** ADVISOR'S AUTHORIZATION TO TRAVEL ON STATE BUSINESS  
if the Advisor is traveling with you, Concur Software PDF print
- **SUBMIT TO FINANCIAL SERVICES 3 MONTHS PRIOR TO TRAVEL**

# International Travel Package Process

TAKES 3 MONTHS

#1

ASI Executive Director - Review  
Account status in good standing

#2

Associate Vice President/Dean of  
Students - Registration good standing

#3

Vice President/Student Affairs -  
Registration good standing

#4

Risk Management - Insurance  
purchase required

# OnBase Walkthrough

FOR FURTHER INFORMATION, PLEASE SEE OUR  
SMART SPENDING MANUAL ON OUR  
WEBSITE: [HTTP://ASI.CPP.EDU/SERVICES/FINANCIAL-  
SERVICES](http://asi.cpp.edu/services/financial-services)

# Smart Spending

## **Smart Spending**

*Financial Forms, Policies, and Procedures*



ASICPP

**2021 – 2022**

**Associated Students, Inc.  
California State Polytechnic University, Pomona**



# 22'23 Approved Budget Access

In order to access your budget through MyBar, you have to be a registered Treasurer, President, or Advisor. Your name and position title should be in your MyBar Roster under “Officers”.

The screenshot displays the ASI Financial Services MyBar interface. At the top left is the ASI logo and the text "ASI Financial Services" with a "Member Since February 2022" badge. A "CONTACT" button is in the top right. The main content area includes a welcome message, a description of services, and contact information (Bldg. 35-2123, (909) 869-2800, Hours: 8:15 a.m. - 5 p.m.). Below this is an "All Events" section with a "VIEW MORE EVENTS" button and a message stating "There are currently no upcoming events. [View past events.](#)". At the bottom is an "Officers" section with a "VIEW FULL ROSTER" button and two officer cards: one for Janelle Santana (Coordinator) and one for Yarele Vargas (Coordinator).

# 22'23 Approved Budget Access continued. .

To access budget, switch to the Manage view of your organization & select "Budgeting" under Submissions.

Remember, it will only work if you are registered and are listed in the roster.

A new version of the improved navigation is out. [Try It Now](#)

myBAR

Explore  
Manage  
Admin

## Manage

Manage your organization content and review submissions.

### Administrator Tools

Search Organizations  
Type to Search  
Text entered in the search bar will automatically filter results.

### Branches

Cal Poly Pomona  
(Showing 1-1 of 1)

### My Memberships

REGISTER

ASI Financial Services   Associated Students Incorporated   Cal Poly Pomona  
(Showing 1-3 of 3)

### Submissions

General Forms 162 Pending Submissions   Budgeting 208 Pending Submissions

WE'D LOVE TO HEAR FROM YOU!

# Get In Touch With Us

Phone Number

(909)

869-2800

Email Address

[asifs@cpp.edu](mailto:asifs@cpp.edu)

# Next Steps

Presidents and Treasurers are provided access to the Finance Training in Canvas after attending this CORE Account Finance Workshop. An invitation will be sent via email.

## **CORE Finance Training 2022-23 in Canvas**

- President and Treasurer must complete training
- There are 3 modules, each with a quiz
- 100% must be achieved, with unlimited attempts
- Training is listed under Organizations
- You'll receive an emailed invitation providing access to the training
- Access will be provided within 3 days

# Next Steps

## Policy Acknowledgement Form

Policy Acknowledgement Forms are emailed to the President, Treasurer, following attendance at the CORE Account Finance Workshop; and the Scheduler receives one following the Event Scheduling Workshop

- only one form per individual is needed, no matter the number of positions held or number of club affiliations