



Associated Students, Inc. – Financial Services
California State Polytechnic University, Pomona
2023-2024

\$mart \$pending

Financial Forms, Policies, and Procedures

Table of Contents

INTRODUCTION.....	4
ASI FINANCIAL SERVICES OFFICE & CONTACT INFORMATION.....	7
GENERAL POLICIES & PROCEDURES	8
ASI ACCOUNT REGISTRATION FORM.....	8
AGENCY FUND ADMINISTRATION AGREEMENT.....	8
CLUB LIABILITY INSURANCE PROGRAM.....	13
BUDGETS	16
BUDGET GUIDELINES & STIPULATIONS	16
ASI AND ASI FACILITIES & OPERATIONS FUND RESTRICTIONS.....	21
FINANCIAL REPORTING	23
PROFIT & LOSS REPORT.....	23
REVENUE POLICIES & PROCEDURES.....	25
CASH HANDLING	25
SEGREGATION OF CASH HANDLING DUTIES	26
CHECK REQUIREMENTS.....	28
ACCEPTANCE OF CASH OR CASH EQUIVALENTS.....	30
DEPOSIT FORM	32
CASH RECEIPT LOG	35
STUDENT CLUB FUNDRAISING	37
CHARITABLE DONATION POLICY	39
CHARITABLE DONATION PROCEDURES.....	40
EXPENSES POLICIES & PROCEDURES	45
DISBURSEMENT REQUEST (DR) – PREPARER	45
DISBURSEMENT REQUEST (DR) – REVIEWER	70
CASH ADVANCE	76
ENROLLMENT PROCESS FOR ACH.....	80
LACK OF ITEMIZED RECEIPT FORM	83
VENDOR DATA RECORD.....	85
PRIZE, AWARD, & GIFT PROCEDURES.....	88
RAFFLE REQUIREMENTS & PROCEDURES.....	95
SCHOLARSHIP AWARD.....	99
PURCHASE ORDER (P.O.) – PREPARER	103
PURCHASE ORDER (P.O.) – REVIEWER.....	116
DOORDASH PROCEDURES	122
AUTOMATIC PAYMENT PROCEDURES	124
CLUBS/IRA GROUPS/COUNCILS: OFF-CAMPUS EVENTS & THE ASI TRAVEL PACKET	126
CLUBS: TRAVEL PAPERWORK DEADLINES	128
ASI DEPARTMENTS: OFF-CAMPUS EVENTS & THE ASI TRAVEL PACKET.....	138
ASI DEPARTMENTS: TRAVEL PAPERWORK DEADLINES	140
INTERNATIONAL TRAVEL	148

TRAVEL EXPENSE CLAIM (T.E.C.) FORM	153
TRAVEL ADVANCE.....	155
LOST CHECK	162
STOP PAYMENT & CHECK REPLACEMENT	162
<u>REPORTING FISCAL IMPROPERITIES</u>.....	166
<u>EXECUTIVE ORDER 1104</u>	166

Introduction

Associated Students, Incorporated (ASI), Cal Poly Pomona is a registered non-profit corporation which is completely operated and funded by the students of Cal Poly Pomona. ASI also serves as an auxiliary organization for the University, providing numerous programs, services, and a wide range of opportunities for student involvement in campus activities. Specifically, ASI includes the Administration Office, Bronco Events and Activities Team (BEAT), Bronco Recreation and Intramural Complex (BRIC), Bronco Student Center (BSC), Financial Services, Human Resources, Marketing, Design, and Public Relations (MDPR), Student Experience and Programs, and Student Government. The Children's Center is also a partnership between ASI and Cal Poly Pomona University. ASI and the Bronco Student Center are funded mainly by the ASI and Bronco Student Center fees. The deposit, investment, and expenditure of these funds are subject to the Education Code (Sections 89300-89304), The California State University regulations, and Cal Poly Pomona.

ASI is subject to an annual financial audit by an independent CPA firm and periodic audits by the University. In addition, ASI is also contracted by the University to administer Instructionally Related Activities (IRA) funds on its behalf. ASI also maintains a variety of agency accounts for clubs and organizations registered by the University Student Engagement, Leadership, and Success Office (SELS). This handbook is designed to assist student clubs and organizations, IRA groups and ASI departments to comply with ASI policies and procedures.

Office Locations and Phone Extensions

Bronco Student Center, Building 35	Room	EXT
ASI Administration Office	2122	2838
BEAT	1329	4455
Conferences and Events Services	2359	2847
Facilities and Operations	1611	2285
Financial Services	2123	2800
Games Room Etc.	1110	4467
Human Resources Personnel	2325	2712
Human Resources Recruitment	1216	
Marketing, Design & PR	2002	2158
Student Experience and Programs	1329	2720
Student Government	1339	3638
Campus Recreation, BRIC, Building 42		2109
Children's Center, Building 116		2284

ASI Financial Services

ASI Financial Services serves as the corporate accounting office for ASI. The Financial Services Office is where most of your organization's financial activity will take place. Financial Services is responsible for handling cash deposits, processing disbursement checks and purchase orders, preparing financial reports, and assisting with other financial transactions. The Financial Services Office is also available to provide financial advice and assistance to all its account holders.

There are four separate funds that are handled by ASI Financial Services. All clubs and organizations will fit into one of these specific funds. The funds are Agency (Club accounts), Associated Students Incorporated (ASI, student body fee), Instructionally Related Activities (IRA), and ASI Facilities & Operations (F&O, student union fee).

ASI Financial Services Office & Contact Information

Location:	Bronco Student Center, Building 35 (Room 2123)
Office Hours:	9:00 AM – 5:00 PM (Monday – Friday) <i>See website for virtual office hours and to set up appointments</i>
Main Line Contact:	(909) 869-2800
Website:	https://asi.cpp.edu/financial-services/
Accounting Department:	asiaccounting@cpp.edu <ul style="list-style-type: none"> • Submit Department P&L questions or account reclassifications. • Submit monthly p-card reconciliations. • Changes/requests for phone for AT&T account. • Changes to Amazon account. • Management of fixed asset & SHRI (tagging, inventory, etc.). • Profit & Lost (P&L) request.
Accounts Payable:	asipayables@cpp.edu <ul style="list-style-type: none"> • Submit travel paperwork for approval. • Submit questions/issues on DRs or POs. • All AP issues/topics related to clubs/orgs.
Accounts Receivable:	asibudgets@cpp.edu <ul style="list-style-type: none"> • Submit weekly deposits (BRIC/GRE/Youth Programs). • Submit P&L questions on deposits. • Billing and ASI Invoice inquires. • Any questions on cash handling.
Budgets:	asibudgets@cpp.edu <ul style="list-style-type: none"> • Any questions/changes related to budget & variance analysis. • Submit budget transfers. • Submit payroll reclassifications.

General Policies & Procedures

ASI Account Registration Form

All funds are required to maintain a current ASI Account Registration Form on file with the Student Engagement, Leadership, and Success Office (SELS) to activate an existing account or start a new one in conjunction with SELS, if they are a new agency account holder. An ASI Account Registration Form is valid for one academic year, and provides pertinent information needed for ASI Financial Services such as the purpose of the account, expected sources of income, disposition of funds, etc. An Account Registration form is not required to deposit funds into the club account but funds cannot be withdrawn or expended from the account without completion of registration form.

Agency Fund Administration Agreement

Agency funds are also required to maintain a current Agency Fund Administration Agreement on file with the Student Engagement, Leadership, and Success Office to activate an existing account or start a new one in conjunction with SELS, if they are a new agency account holder. Please, be sure to read the Agency Agreement in its entirety prior to signing the Signature Form.

- **ASI Account Registration Form** and **Fund Administration Agreements** must be submitted and signed via OnBase by the current president of the club or organization.
- **ASI Account Registration Form** must be submitted and signed via OnBase by IRA account holder (i.e., the advisor).

Filling in the ASI Account Registration Form

It is the club or organization's responsibility to submit an ASI Account Registration Form via OnBase. The club or organization must first be registered with SELS to submit this form. The current president, or account administrator for IRA groups, must be the individual to submit the Account Registration Form.

1. Indicate what type of account and whether you are establishing a new account with ASI or are activating an already existing account. Note the account name (club/organization name) and the date the form will be submitted – if registering a new group.
2. **The Purpose of Account and Type of Expenditure to be Made** explains why your club/organization needs an account and what your club/organization will be spending the account funds on (i.e., equipment, travel, etc.).
3. **The Expected Sources of Income** section explains how your club plans to generate income that will be deposited into the account (i.e., contributions, sales, dues, etc.).
4. **The Disposition of Funds** designates what will happen to the funds in your account when the account is inactive or closed. This is according to your club/organization's by-laws and must include a non-profit or charitable organization.
5. The club must also be registered or re-registered with SELS to be created or activated.
6. Indicate if your club has an off-campus bank and whether it is approved by the university. (This includes checking accounts from bank services such as Chase, Bank of America, Wells Fargo, etc.)
7. The account administrator is the account's designated primary handler and contact for the account. For clubs, this is the president. The phone number and e-mail address will be the contact that ASI Financial Services communicates with, in case there is an error with a disbursement request, budget, or additional documentation is needed.

Reviewing the Agency & Donation Fund Administration

Read over the terms and conditions of the Agency Fund Administration Agreement.

It is important to read over and understand the terms and conditions so that your organization may open and maintain an agency account with ASI.

ASI Account Registration Form

California State Polytechnic University, Pomona



ASICPP

Financial Services

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

1

TYPE OF REQUEST *

NEW GROUP EXISTING GROUP

OFFICIAL NAME OF GROUP: *

2

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.): *

3

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

4

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

5

REGISTERED WITH OSLCC? *

Yes No N/A

6

DOES YOUR GROUP HAVE AN OFF-CAMPUS BANK ACCOUNT? *

Yes No

CONTACT INFORMATION

Group Account Administrator Name: (Group President/IRA Advisor)

SKNIESL

Date

08/08/2022

Email Address

SKNIESL@cpp.edu

Phone Number: (Numbers Only) *

Save/Submit



AGENCY AND DONATION FUND ADMINISTRATION AGREEMENT

In compliance with the Integrated California State University Administrative Manual (ICSUAM) Policy 3141.01 and the authorization of the University President for Associated Students, Inc. (ASI) to serve as administrator for the Agency Fund (on-campus accounts for registered student organizations), this Agreement outlines the terms and conditions governing the administration of student organization funds in the ASI Financial Services Office and the services provided to Agency Fund Accountholders (AFAs). Student organization accountholders are required to fully comply with the terms and conditions outlined in this Agreement to open and maintain their accounts in ASI Financial Services.

ELIGIBILITY FOR AGENCY FUND ACCOUNT

Student organizations which are registered with the University Student Engagement, Leadership, and Success Office and Cultural Centers (SELS) and are in good standing are eligible to open and maintain an Agency Fund Account (AFA) in ASI Financial Services. AFAs are non-interest earning accounts.

SIGNATURE FORMS

AFA holders are required to maintain a current signature form on file with specimen signatures for all authorized student and advisor signers. AFA holders are responsible for keeping its signature form updated when there are changes in authorized signers.

AGENCY ACCOUNT FUNDS

Funds that are held in Agency accounts include membership dues and fees, prizes/awards from competitions, and fundraising income, including monies generated through food sales, item sales, ticket charges for University-approved programs, revenue from University-approved volunteer activities and similar means. Student organization funds may not be raised through the sale of alcohol or tobacco products.

FUNDS ADMINISTRATION

Monies collected in the name of the student organization must be maintained in an ASI AFA. Cal Poly Pomona does not allow student organizations to maintain off-campus bank accounts, which includes electronic fund transfer applications like Venmo, PayPal, and Zelle. Because these platforms currently require the account to be linked to the account-holders bank account, they are considered off-campus bank accounts". Exceptions to the on-campus banking requirement and other funds administration rules may be granted by the University Chief Financial Officer (CFO) on a case-by-case basis. At no time shall a student organization deposit funds into an unauthorized bank account.

Student organization bank accounts cannot be used to hold funds on behalf of other student organizations. Funds may be held by a student organization on behalf of another external organization only on a temporary basis, in conjunction with a fundraising event where a check for the proceeds will be issued to the outside organization. For example, a student organization has a fundraiser for the American Red Cross where funds will temporarily remain in the student organization's bank account until the net proceeds from the event are reconciled and a check request is submitted to remit the funds to the Red Cross.

DEPOSITS

Upon submission of cash and checks, ASI shall issue a cash receipt to the AFA. Cash receipts shall be credited to the AFA's account. Items returned by the bank for any reason shall be debited from the AFA's account. Collection procedures against returned items shall be the responsibility of AFA. Any service charges resulting from items returned by the bank shall be charged to the AFA's account. Currently the service charge for returned checks due to non-sufficient funds (NSF) is \$40.00.

DONATIONS UNDER \$3,000

Funds that are held in ASI Donation accounts include monies generated through a charitable cash donation made by an individual or an organization to an ASI group. Donations up to \$3,000 per donor, per year may be deposited into an ASI Donation account. Gift Processing completes the gift record in the University Advancement database, will generate the charitable tax receipt and send the receipt to the donor.

DONATIONS OVER \$3,000

The solicitation, acceptance, and deposit of donations and contributions are governed by University policy. The Cal Poly Pomona Philanthropic Foundation (COPPF) is authorized, per a Master Agreement, to receive donations on behalf of the University. For COPPF to receive donations for registered student organizations and for University Advancement to issue a tax receipt, the check must be made out to COPPF and the student organization must have a COPPF account to receive donations. Student organizations must go through their college or division to set up a COPPF account that can accept donations.

CASH HANDLING PROCEDURES

All AFA holders are required to comply with prescribed cash handling policy & procedures. Any violation of these cash handling policy & procedures shall be reported to the University and potentially jeopardize the registration status of the student organization or have the students involved subject to disciplinary action, as appropriate.

EXPENDITURES FROM ACCOUNT

All disbursements from Agency Accounts must comply with the purpose(s) indicated on the Application and comply with ASI, University and CSU policies. Funds may not be used for faculty and staff salary & fringe benefit expenses, hazing activities or for the purchase of alcohol, tobacco, or other such items that violate the University and auxiliary policies.

All invoices shall be paid no later than the terms of the invoice. ASI reserves the right to deny requests for expenditures that are not consistent with the purpose(s) for which the account was established and are not in compliance with ASI, University and CSU policies.

CHECKS AND PURCHASE ORDERS

Upon submission of a properly executed Disbursement Request (DR) or Purchase Order (P.O.) Request, ASI shall issue checks or purchase orders as instructed against the AFA's account. A completed DR is required to include supporting documentation such as receipts, invoices, proof of payment and similar audit trail documents. Checks shall be ready for disbursement after a minimum of five (5) business days following receipt of the completed DR.

Supporting documentation such as work order estimates, quotes and similar audit trail documents shall be attached to Purchase Order Requests. Purchase Orders shall be ready by the 3 business days.

Club Liability Insurance Program

*This insurance serves to protect club financials for both on and off-campus events/activities. It is recommended that clubs apply for this insurance for each event (for extra protection).

INSURER:
Lloyd's of London

POLICY TERM:
July 1, 2018 to
July 1, 2019

Policy No:
PCSUR000918



QUESTIONS:

Mimi Long
(415) 403-1423
mlong@alliant.com

Van Rin
(415) 403-1408
vrin@alliant.com

This is a "claims-made" policy. Coverage is only provided for claims which are both: (1) first made against the Insured during the Policy Period; and (2) reported to the Insurer as soon as practicable, but not later than three years after the Policy Period.

INSURED:

California State University Risk Management Authority

COVERED PARTIES:

1. California State University (CSU)
2. All campuses of the CSU
3. Board of Trustees of the CSU
4. Employees, Faculty, Staff of the CSU
5. Elected/Appointed Officials of the CSU
6. CSU Auxiliary Organizations, and their Employees, Officers, Directors, Volunteers and Agents
7. All Student Clubs Officially Recognized by the CSU
8. All members in Student Clubs Officially Recognized by the CSU

It is a requirement for CLIP coverage that all Officially Recognized Clubs be reported to the Program Administrator.

ADDITIONAL INSURED:

Any affiliate institution to whom the Named Insured is obligated by written agreement to provide such coverage as is afforded by this policy.

The Campus Risk Management department will be asked to verify that the club is officially recognized by the CSU prior to requesting a Certificate of Insurance.

The CLIP Insurer will indemnify and defend an additional insured third-party only if there is a written agreement requiring that the third-party be named as an additional insured.

Note: A requirement that the Student Club name the Campus and/or Auxiliary Organization as an additional insured is not necessary as these entities are already covered parties on the CLIP policy.

COVERAGES:

1. General Liability, claims-made

COVERAGE DESCRIPTION:

Covers General Liability Coverage for Officially Recognized Clubs (per Executive Order 1068*) of the California State University. Coverage provided for both on and off campus activities.

*<http://www.calstate.edu/eo/eo-1068.html>

LIMITS:

\$1,000,000	Each Loss
\$5,000,000	Aggregate for all Covered Parties, and not per student

INSURER:
Lloyd's of London

POLICY TERM:
July 1, 2018 to
July 1, 2019

Policy No:
PCSUR000918



QUESTIONS:

Mimi Long
(415) 403-1423
mlong@alliant.com

Van Rin
(415) 403-1408
vrin@alliant.com

MEMBER'S DEDUCTIBLE:

\$0 Per Claim

COST:

\$161,000 To be allocated to the campuses based on its percentage of the total University payroll

The campus allocation of the CLIP premium will be included within the total FY 19/20 liability premium. There will be no charge for FY 18/19. The campus allocation of the total CLIP costs will be included in the "early bird" letter that you will receive in the Fall of 2018.

COVERAGE EXTENSIONS:

1. **Damage to Property of Others:** for damage caused accidentally by a Covered Party to the property of others at your location; \$1,000 per incident; \$100,000 aggregate
2. **Assault Coverage:** covers your medical expenses or reimburses you for damage to your property if you are assaulted at your location; \$5,000 per incident; \$100,000 aggregate
3. **Medical Payments:** reimbursement of medical expenses to others injured on your location; \$5,000 per incident; \$100,000 aggregate
4. **First Aid Expenses:** for expenses you incur in rendering first aid to others: \$1,000 per defendant; \$100,000 aggregate
5. **Defendant Expense Benefit:** reimburses you for lost wages and other expenses incurred when you attend a required trial, hearing or proceeding as a defendant in a covered claim: \$1,000 per defendant; \$100,000 aggregate

NO EXCLUSION FOR:

1. Sexual Harassment
2. Abuse or Molestation
3. Corporal Punishment

MAJOR EXCLUSIONS:

1. Automobile Liability
2. Alcohol furnished at Club Activities / Events (unless served by a licensed third party provider)
3. The activities of all fraternal organizations (men and women), even academic fraternal organizations are excluded at this time.
4. Hazing
5. Injuries to Participants while participating in athletic activities
6. Intentional Discrimination

COMMENTS / CONDITIONS:

1. This is a "claims-made" policy. Coverage is only provided for claims which are both:
(1) first made against the Insured during the Policy Period; and
(2) reported to the Insurer as soon as practicable, but not later than three years after the Policy Period.

INSURER:
Lloyd's of London

POLICY TERM:
July 1, 2018 to
July 1, 2019

Policy No:
PCSUR000918



QUESTIONS:

Mimi Long
(415) 403-1423
mlong@alliant.com

Van Rin
(415) 403-1408
vrin@alliant.com

ANSWERS TO FREQUENTLY ASKED QUESTIONS:

1. When an officially recognized athletic club hosts a sanctioned social event, coverage under this program will extend to the social activities of the club. Only the athletic events of the club are excluded.
2. All fraternal organizations are excluded from coverage (at this time), even those set up as "academic" only.
3. A requirement that the Student Club name the Campus and/or Auxiliary Organization as an additional insured is not necessary as these entities are already covered parties on the CLIP policy.

HOW TO REQUEST A CERTIFICATE OF INSURANCE:

Via CSURMA website - www.csurma.org

- Or -

Via email - CSURMACOI@alliant.com

1. The Campus Risk Management Department will be asked to verify that the club is officially recognized by the CSU prior to submitting a request for a certificate of insurance;
2. Include an executed agreement with your request for an additional insured endorsement.

HOW TO REPORT A CLAIM:

Alliant Insurance Services, Inc.
100 Pine Street, 11th Floor
San Francisco, CA 94111-5101

Via email - CSURMAclaims@alliant.com

*While we believe this Summary of Insurance fairly represents the terms, conditions and exclusions found in your insurance policies, in the event of any differences between the policies themselves and this summary, the policy provision will direct any resolution. **This summary is not intended to replace or supersede any of your insurance contracts.***

Budgets

Budget Guidelines & Stipulations

Policy Statement

The *ASI Budget Guidelines and Stipulations* protect the financial and legal interests of the Associated Students, Inc. (ASI), the CPP, and the CSU by ensuring compliance with federal, state, local laws; California State University System (CSU) and California State Polytechnic University Pomona (CPP) policies, procedures, and regulations; audit standards and good business practices; and viewpoint neutral procedures related to the allocation of mandatory student fee funds.

All entities funded by the ASI Fee and the ASI Facilities & Operations Fee shall comply with this policy by adhering to the *ASI Budget Guidelines and Stipulations*.

Non-compliance with these budget guidelines and stipulations may result in ASI sanctions determined to be appropriate by the ASI Treasurer, in consultation with the ASI Director of Financial Services and the ASI Executive Director, including and up to non-eligibility for ASI annual and mid-year funding support. For additional information or clarification refer to the Smart Spending Manual, visit the ASI Financial Services website and consult the ASI Treasurer or the ASI Director of Financial Services.

Annual Budget Requests

1. Eligibility: Registered Student Clubs and Councils, recognized Heritage Programs, and ASI Departments
2. Budget Workshop: The president and the treasurer of each registered Student Clubs and Councils shall attend the mandatory budget workshop conducted by ASI Financial Services as part of the annual registration process to submit a budget request. In addition, the president and the treasurer of each registered Council shall also attend a second budget workshop regarding the administration of council funds and allocations to registered Student Clubs.

3. Notification: ASI Financial Services shall notify registered Councils and Heritage Programs regarding their recommended ASI allocations based on the Student Opportunities Initiative. Upon final budget approval, ASI Financial Services shall notify all groups of the approved amounts.
4. Submission Deadlines: Registered councils are required to set deadlines for registered Student Clubs. All deadlines shall be communicated to the groups and posted on the website by ASI Financial Services. ASI Departments shall be notified separately of their budget deadlines.
5. Budget Request Submission: Registered Student Clubs shall submit the Budget Request Forms to their respective registered Council. All others shall submit directly to ASI Financial Services.
6. Viewpoint Neutrality: All ASI fee-funded organizations (i.e., Board of Directors, Finance Committee, registered Councils) shall maintain a documented viewpoint neutral process for allocating ASI funds. CPP registered Councils shall be signed by authorized officers and submitted annually to ASI Financial Services during the budget process.
7. Budget Transfer Submission (registered Councils only): In addition to submitting a budget for themselves, registered Councils shall distribute at least 85% of their ASI funding to registered Student Clubs. Each registered Council's elected Executive Board shall decide how much to allocate to registered Student Clubs based on viewpoint-neutral funding criteria. Registered Councils shall submit the following:
 - Budget Transfer Form indicating the amount to be transferred to each registered Student Club
 - Viewpoint-Neutral Funding Process Form signed by authorized officers documenting the organization's viewpoint-neutral budget allocation process.
 - Budget Request Forms submitted by registered Student Clubs
8. All ASI Departments receiving an approved ASI budget allocation must develop and justify their budget requests annually. ASI Departments shall deliberate internally to review, adjust, and balance all budget requests before submitting to ASI Financial Services. ASI Financial Services shall consolidate all budget requests to submit a balanced budget to the Board of Directors.

Release of Funds

1. ASI annual budgets shall be released in two phases to protect against unexpected enrollment decline. Upon final approval of the ASI Annual Budget, seventy percent (70%) shall be released to ASI fee-funded groups (ASI reserves, registered Student Clubs and Councils, Heritage Programs, and ASI Departments). The release of the thirty percent (30%) balance shall be contingent on actual enrollment through Fall Semester. The ASI Board of Directors shall act on any recommendation to release less than 30% of the annual budget allocations with a 2/3 vote of the seated Board.
2. F&O annual budgets shall be released to ASI Departments in lump sums (100%) upon final budget approval. The source of F&O budget is the F&O fees collected in the prior year. Therefore, the release of F&O annual budgets is not contingent upon current year's actual enrollment.

Additional Budget Requests

1. Eligibility: Registered Student Clubs and Councils may be eligible for additional funding if the annual budget amount allocated was deemed insufficient.
 - a. ASI Treasurer or ASI Financial Services shall consult with the Student Engagement, Leadership, and Success Office & Cultural Centers (SELS) and the appropriate ASI Senator to confirm that the registered Student Club or Council requesting additional budget is in good standing and provide the information to the ASI Finance Committee.
 - b. If the budget request is dismissed by the ASI Finance Committee or the ASI Board of Directors, the request shall not be eligible for resubmission for the same program or event unless an exception is recommended by the ASI Treasurer.
 - c. Except for new clubs, registered Student Clubs are required to submit and obtain funding approval for their annual budget from their registered Council first. A copy of the Annual Budget must be verified and on file with ASI Financial Services.
 - d. New registered Student Clubs unable to receive an annual budget from their registered Council may apply for funding through this process.
 - e. Retreats, banquets, or other general club expenses are not eligible for additional budget request.
2. Submission Deadlines: Additional budget requests are considered on a rolling basis. However, requests shall be submitted before the event occurs. Additional budget requests for events between July and September may be submitted after the fact, but expenses shall reflect actual expenditures.

3. Budget Request Submission: Budget Request Form shall be submitted to the ASI Finance Committee through the ASI Treasurer.
 - a. The requesting group shall provide a budget presentation at a regularly scheduled meeting of the ASI Finance Committee and/or the ASI Board of Directors. Failure to present to the ASI Finance Committee and/or the ASI Board of Directors shall result in dismissal of the club's request.
 - b. The budget request must reflect the approved allocation from the registered Council.
4. Funding Cap: Additional funding request is capped at \$6,000 per group per year, not to exceed \$750 per person for a conference, convention, or program. More than one request is permitted per budgeted year, not to exceed a total of \$6,000. Mid-year budget requests are funded by the New Programs and Augmentation (NP&A) fund.
5. Notification: The ASI Treasurer shall notify the requestor of the final decision, including the approved amount (if applicable), of the additional budget request.
6. Event Cancellation: In the event the funded program/event is canceled, the registered Student Club or registered Council must notify Financial Services to return funds to ASI.
7. The following shall apply to funding requests from The Green Initiative Fund (TGIF)
 - a. Budgets requests shall not exceed \$15,000 from TGIF for any on-campus sustainability project.
 - b. Allocations from TGIF shall be subject to the provisions of the ASI Reserves Policy and Sustainability Committee Code.
 - c. Multiple allocations from TGIF for the same project are not allowed.
 - d. The Finance Committee can allocate up to a total of 70% of the account for the fiscal year. The remaining 30% may only be allocated upon 2/3 approval of the seated Senate.

Unspent Funds at Year End

1. Any unspent (carryover) ASI Department funds at year end shall revert to ASI reserves. For registered Student Clubs and Councils, any actual carryover in excess of budgeted carryover shall be repossessed and transferred to the following accounts: New Programs and Augmentations (65% of funds), ASI Prior Years II (15% of funds), ASI Prior Years III (10% of funds), and The Green Initiative Fund (10% of funds).
2. The ASI Board of Directors reserves the right to repossess, by a majority vote, carryover from any organization with designated allocations.
3. Registered Student Clubs that have been inactive for two (2) consecutive years shall have their carryover repossessed and transferred to the following accounts: New Programs and Augmentations (65% of funds), ASI Prior Years II (15% of funds), ASI Prior Years III (10% of funds), and The Green Initiative Fund (10% of funds).

ASI and ASI Facilities & Operations Fund Restrictions

ASI and ASI Facilities & Operations mandatory student fees shall not be used for the following purposes (restriction does not apply to Agency or Donation accounts as indicated with an asterisk). Any such activity may lead to legal, University-sanctioned, or ASI-authorized consequences including, but not limited to, suspension or revocation of allocated student fees by ASI and potential loss of future privileges.

1. Honoraria, stipends, or speaker's fees to any Cal Poly Pomona or auxiliary employee, unless they are "off the clock" and not performing their campus or auxiliary duties
2. [\[ASI Public Relations & Hospitality Policy\]](#) (items 2 to 4) Refreshments at regularly scheduled business meetings or personal events such as birthdays, showers, wedding and similar occasions. However, refreshments may be provided in relation to recruitment, training, speaker presentations and recognition purposes.
3. Flowers in connection with illness, hospitalization, or funeral*
4. Gifts for birthdays, showers, weddings, or similar occasions or **gift cards**. However, non-cash awards (e.g., plaques, award certificates) for achievement and recognition are allowed, provided that the amount and frequency are reasonable.
5. Events or fundraisers with the intent of generating additional income. *
6. [\[CPP Alcohol & Other Drugs Policy\]](#) Alcohol, tobacco, and other items prohibited by CSU policies and applicable laws and regulations
7. [\[CSU Auxiliary Organization Compliance Guide\]](#) Support or opposition of any candidate for public office, whether partisan or not, or to support any issue before the voters (including all matters before legislative bodies) of the state or any subdivision thereof or any city, municipality or local government entity of any kind, as may be permitted by Section 89300 of the Education Code (Section 42403 of Title V). The only exceptions are authorized governmental affairs representatives (Education Code Section 89300).
8. Student scholarships, except for ASI elected and appointed student leaders
9. [\[ASI Sponsorship and Partnership Policy\]](#) University-funded programs and activities, with the exception of ASI approved partnerships.
10. Instructionally Related Activities (IRA)-funded groups

11. Insurance expenses for individuals: premiums for student health insurance and excess medical; and insurance expenses for groups: auto insurance and group travel accident insurance. Exception: ASI's budgeted insurance requirements for University-authorized programs and services [[Executive Order 1068 for Club Sports Insurance](#)].
12. [[CPP Discrimination, Harassment & Retaliation policy](#)] Engaging in harassment or discrimination conduct.
13. [[Student Conduct Code](#)] Any activities in violation of the student conduct code, including but not limited to hazing or hazing related activities (Education Code Section 32050-32051).
14. Violate the First Amendment of US Constitution [viewpoint discrimination]. All ASI fee-funded organizations (i.e., Board of Directors, Finance Committee, registered Councils) shall maintain a documented viewpoint neutral process for allocating ASI funds. CPP registered Councils shall be signed by authorized officers and submitted annually to ASI Financial Services during the budget process.

* Allowable under Agency and ASI F&O funds

Financial Reporting

Profit & Loss Report

Upon request, Financial Services can provide a Profit & Loss (P&L) report of all accounting activities posted to an organization's account through the requested date. A P&L provides information on an account's income (funds deposited into the account), carryover (funds carried over from the previous fiscal year), expense (funds taken out of the account), purchase orders, and the funds in the account to date.

Questions on transactions processed by ASI will be directed to the appropriate Fund Accounts Payable Specialist. ASI will make corrections and/or adjustments to transaction completed and posted on the account only with the approval of the ASI Director of Financial Services.

Student clubs and orgs must be fully registered with the Student Engagement, Leadership, and Success Office to have their account activated prior to any request for financial reports. Individuals from an organization must be listed on the group's Account Registration Form as an authorized signer to receive P&L reports. To request a financial report, visit the Financial Services office located on the second floor of the Bronco Student Center or send an email to asiaccounting@cpp.edu using your authorized @cpp.edu email.

Account information **cannot** be given over the phone.

Please see below for how to properly read your club's P&L Report.

P&L Detail Report



Date from 07/01/17 To: 06/30/18
 Project From: 3F0001 To: 3F0001
 Budgets: 2018_WORKING

Account Number and Name

Project/Account	Trans Number	Desc.	Date	Type	Income Expense	Purchase Orders	Account To Date	Working Budget	Variance to Date	% of Budget	Note
350123 ASI FINANCIAL SERVICES CLUB											
6000-00		ASI FINANCIAL SERVICES CLUB- INCOME	07/01/17					0.00			
	CR166586	Fundraising	02/27/18	CRJ	100.00						
	CR166643	Membership Dues	02/28/18	CRJ	520.10						
	TOTAL - 6000-00		06/30/18		620.10		620.10	0.00	620.10		OVER
6015-00 ASI FINANCIAL SERVICES CLUB-CARRYOVER											
		CARRYOVER	07/01/17					0.00			
	193933	Carryover YE 16-17	07/01/17	GJ	2,132.74						
	TOTAL - 6015-00		06/30/18		2,132.74		2,132.74	0.00	2,132.74		OVER
8000-00 ASI FINANCIAL SERVICES CLUB- EXPENSES											
		PIZZA JOHN SMITH	07/25/17	PMTRX	66.99						
		TSHIRTS JANE GARCIA	11/27/17	PMTRX	17.48						
		FUNDRAISER EMLY KNOPP	11/27/17	PMTRX	26.90						
		FUNDRAISER Cal Poly Pomona Foundation	11/27/17	PMTRX		44.00					
	TOTAL - 8000-00		06/30/18		155.37		155.37	0.00	(155.37)		OVER
Project Total											
		Revenue			2,752.84	0.00	2,752.84	0.00	2,752.84		
		Expense			155.37	0.00	155.37	0.00	(155.37)		
		Rev - Exp			2,597.47	0.00	2,597.47	0.00	2,597.47		
Grand Total											
		Revenue			2,752.84		2,752.84	0.00	2,752.84		
		Expense			155.37	0.00	155.37	0.00	(155.37)		
		Rev - Exp			2,597.47	0.00	2,597.47	0.00	2,597.47		

Club Income: deposits made to Financial Services for items such as fundraising, memberships dues will appear here

Carryover: Amount leftover from previous year

Club Expenses: Any Disbursement Requests processed will show here as deducting from the account. Any open purchase orders will also be reflected here.

Current Account Total at the point in time this report is printed

Revenue Policies & Procedures

Cash Handling

Refer to Senate Bill 2015-2016:14 for the full version

All funds of ASI and IRA budget groups must be deposited with Financial Services. This would also include mid-year budget request funding and council allocations. Registered organizations and agency account holders must also deposit funds with Financial Services.

Funds that are held in Agency and IRA accounts include membership dues and fees, prizes/awards from competitions, and fundraising income, including monies generated through food sales, item sales, ticket charges for university-approved programs, revenue from University-approved volunteer activities and similar means. Student organization funds may not be raised through the sale of alcohol or tobacco products.

Upon submission of cash and checks, ASI shall issue a cash receipt to the depositor. Cash receipts shall be credited to the organization's account. Items returned by the bank for any reason shall be debited from the organization's account. Collection procedures against returned items shall be the responsibility of the organization. Any service charges resulting from items returned by the bank shall be charged to the organization's account.

All account holders are required to comply with prescribed cash handling policy & procedures. Any violation of these cash handling policies & procedures shall be reported to the University and potentially jeopardize the registration status of the student organization or have the students involved subject to disciplinary action, as appropriate.

Segregation of Cash Handling Duties

Segregation of duties must be maintained when cash is received. No single person should have complete control. If student clubs and organizations are unable to comply with the following requirements due to lack of resources, mitigating controls must be implemented to prevent and detect loss from fraud or negligence.

Segregation of Cash Handling Duties Guidelines:

1. Cash handling activities require daily supervision and review.
2. The storage and inventory of blank receipt stock must be handled by someone other than the cash handler.
3. Deposit counts must be verified by a second person.
4. Returns, refunds, and write-offs, as well as inventory of returned items, must be approved by someone other than the cash handler.
5. Payments received through mail must be verified, processed by someone other than the cash handler, and restrictively endorsed for deposit or electronically deposited by the close of business on the date of receipt.
6. The person receiving cash, issuing cash receipts, and preparing the deposit should not be the same person who performs reconciliation, enters journal entries, and reviews financial statements and activities.

Club president/designee(s) is charged with the following responsibilities.

1. Authorize/Designate cash handler responsible for handling cash and cash equivalents. Cash Handler must be someone who did not collect the cash or open the mail.
2. Ensure that a current account registration form with a list of authorized student and advisor signers is submitted to ASI Financial Services upon registration.
3. Ensure that all signers/cash handlers attend the annual mandatory “Fundamentals of Club Accounts” training which covers cash handling.
4. Ensure that cash handling is operated in accordance with CSU and ASI policies and procedures.
5. Ensure that cash and cash equivalents are held in a secured area until deposited.

6. Ensure deposits are made daily, even if it is a small amount. Deposits should never be held longer than five business days.

Check Requirements

To be accepted for deposit, each check presented must be payable to one of the following:

- I. Associated Students Incorporated (ASI)
- II. The Bronco Students Center (BSC)
- III. Or the name of the registered student club or organization.

In addition, checks are required to:

1. Include a recent date. In other words, ASI Financial Services will not accept any checks dated over 180-days old.

Ex: Aimee is making a deposit on January 01, 2022, but the check had a date of July 01, 2021. Since the check is 184 days old, ASI Financial Services requested that she request for a reprinted check so that she can make the deposit another day.

2. Be properly signed by the owner of the account.
3. Establish an agreement regarding numeric and written amounts. When the numeric and written amounts on a check do not agree, a new check should be requested.
4. Be legibly written in ink or typed.
5. Please, have Federal Reserve routing codes printed as part of the MICR encoding at the bottom of the check.
6. The check must be payable to the club/organization's account.

* Though ASI Financial Services provides a depository service, it is up to the club/IRA/council to ensure that all specified requirements are met prior to making the deposit.

*If a check is deposited with a stale date (i.e., a date exceeding the 180-day limit), then the club/IRA/council is responsible for paying added processing fees requested by the bank.

*We advise that clubs/IRA/councils deposit funds within 1 week of receiving them to ensure that these earnings reach the group's account.

*Clubs/IRA/councils (including Greek entities) are NOT permitted to have accounts outside of ASI without proper approval/authorization of the university. If a group has an unauthorized account outside of ASI, then ASI is not liable for any associated loss or theft of funds.

Departments or student clubs and organizations must maintain a listing of checks that are not payable to Associated Students Incorporated (or ASI), the BSC (or Bronco Student Center), or the name of the registered student club or organization. These checks must be forwarded to the appropriate entity (if identifiable) or returned to the payee no later than 30 days from receipt.

Example – CHECK (Front & Back Requirements)

The diagram illustrates the front and back of a check with specific requirements highlighted. On the front (top), the check number '0100370' and date '07/01/2021' are boxed in red with arrows pointing to labels 'Check Number' and 'Check Date'. The front also shows 'CHECK EXAMPLE (Front)', 'PAY TO THE ORDER OF Sample Club Name', 'Two Hundred and 00/100 DOLLARS', '\$ 200.00', 'FOR Fundraising Event', and 'Sample Signature'. On the back (bottom), the signature line is boxed in red with an arrow pointing to the text 'Check MUST be endorsed upon deposit.' The back also shows 'CHECK EXAMPLE (Back)', 'X Sample Signature ENDORSE HERE', and 'SIGNTAURE'.

The Following Checks Should Not Be Accepted:

1. Checks bearing the legend “Payable/Paid in Full.”
2. Checks drawn on foreign bank accounts that are not acceptable at face value by the depository bank (e.g., if drawn in a foreign currency).

Returned Check Processing

When ASI Financial Services receives a notice of Non-Sufficient Funds (NSF) from the bank, it is given to the ASI Accounting Technician for appropriate handling. The depositor is notified, and the appropriate account is debited.

Acceptance of Cash or Cash Equivalents

Only U.S. currency and coins should be accepted. ASI Financial Services does not accept foreign currencies. Cash equivalents include checks, cashier's checks, and money orders which can be accepted at cash handling stations and by student clubs and organizations.

Receiving & Depositing Funds with ASI Financial Services

Information Necessary in the Event of Lockdowns for an Epidemic/Pandemic:

1. Student clubs and organizations shall be accountable for the collection and deposit of cash and checks received.
2. An official receipt shall be recorded for each collection using a pre-numbered receipt book or a daily receiving log in circumstances where it is not practical to use a receipt book. The cash receipt and daily receiving log must be signed by an authorized signer.
3. ASI Financial Services maintains a current signature form for each registered student club and organization with names and signatures from authorized student and advisor signers.
4. Upon receipt of a check, an authorized signer for the student club or organization shall endorse the back of the check "For Deposit Only".
5. At no time shall student clubs and organizations accept credit or debit cards.
6. Complete the "ASI Deposit Form". Deposits of cash and checks must be on separate forms.
7. Deposits must be taken to ASI Financial Services within a week (5 business days) of receipt or daily if accumulated cash is greater than \$300 or if total of checks is greater than \$2,000.
8. Student clubs and organizations shall keep cash and or checks in a secure location at all times.

Deposit Form

A deposit form is essential to ensure that the correct amount of funds will be deposited into the appropriate agency account. The Account Registration form is not required to deposit funds into club account. Please, refer to our [website](#) to access the deposit form link.

Cash and checks MUST be deposited using separate forms.

How to

A completed deposit form includes:

1. A club/organization name and the account number for which funds are being deposited into. If you do not know your account number, Financial Services can assist you. Student clubs can only deposit money into their Agency account.
2. Name of the person making the deposit and indication whether they are an authorized signer on the account's signature form. Anyone can make deposits. This is for Financial Services records.
3. If depositing cash, write in the dollar amount for each type of coin and bill. Add up the dollar amounts of coins and the dollar amounts of bills and in the indicated fields, write in the totals for coins, bills, and the overall amount for all cash deposited. Be sure to record the dollar amount.
4. If depositing checks, write in each check number and the corresponding amount. All check dollar descriptions must match the dollar amount shown. Add up the total dollar amount of all checks and write the sum amount in the Totals field.

REMINDER: Cash and checks deposits are made on separate forms.

5. The Total Deposit amount on the cash form should be the sum of all coins and bill and the Total Deposit on the check form should be the sum of all check amounts. Cash and checks deposits are made on separate forms so the Total Deposit should never be the sum of both cash and checks deposits.



DEPOSIT FORM

1 Student Club/ Organization Sample Deposit (Checks)

Student Club/Organization Account Number 3S0123

2 Name of Depositor Star Niesl

Date 7/21/22

Authorized Signer

Cash/Travel Advance Return?

3 YES
NO

YES
NO

CA/TA # TA2223-0014

List of Deposits

COIN	AMOUNT
Pennies	
Nickels	
Dimes	
Quarters	
Half Dollar	
Dollar	
Total Coin	\$ 0

CURRENCY	AMOUNT
\$1	
\$2	
\$5	
\$10	
\$20	
\$50	
\$100	
Total Currency	\$ 0
Cash Grand Total	\$ 0

4

CHECKS	CHECK NUMBER	AMOUNT
1	1234	84.20
2	98765	15.60
3	135	80.42
4	7924686	79.48
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
TOTAL DEPOSIT (checks only)		\$ 259.7

5

**

**If the number of checks is greater than 20, please enter the total number of checks under the check number column and submit a calculator tape.



DEPOSIT FORM

1 Student Club/ Organization Sample Deposit

Student Club/Organization Account Number 3S0123

2 Name of Depositor Star Niesl

Date 7/21/22

Authorized Signer

Cash/Travel Advance Return?

3 YES
NO

YES
NO

CA/TA # CA 2134

List of Deposits

COIN	AMOUNT
Pennies	0.24
Nickels	0.85
Dimes	0.10
Quarters	3.75
Half Dollar	0.00
Dollar	0.00
Total Coin	\$ 4.94

CURRENCY	AMOUNT
\$1	46.00
\$2	0.00
\$5	75.00
\$10	20.00
\$20	40.00
\$50	0.00
\$100	200.00
Total Currency	\$ 381
Cash Grand Total	\$ 385.94

CHECKS	CHECK NUMBER	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
**	TOTAL DEPOSIT (checks only)	\$ 0

5

****If the number of checks is greater than 20, please enter the total number of checks under the check number column and submit a calculator tape.**

Cash Receipt Log

The Cash Receipt Log can be used in place of a sales receipt book to keep track of sales transactions per event such as bake sales, membership dues, etc. Collection of cash and checks may be recorded on the same log. As cash and checks are collected, the cash handler records the date the cash or check is received, the purpose for the collection, and the amount of each collection. Two separate individuals should count and verify the cash and checks received. The Cash Receipt Log does not need to be submitted to Financial Services. Clubs and organizations should maintain the Cash Receipt Log as part of their internal financial records.

How to

A completed cash receipt log includes:

1. Write in the club/organization name, the account number that you are depositing into, your name (as the depositor), and the date of the deposit. Student clubs can only deposit into their Agency account. If you do not know the account number, Financial Services can assist you.
2. For each collection of cash or check, no matter how small the amount, indicate the date the cash or check was received, the purpose for the collection, whether the collection was cash or check, and the amount of each collection.
3. Indicate whether you are an authorized signer and include the cash advance or travel advance number if you are returning funds and receipts for a cash advance or travel advance. If you are not returning funds for a cash advance or travel advance, select the "NO" bubble.
4. Add up the total of all collections. This amount should be the same as the corresponding deposit form's Total Deposit.
5. Two separate individuals should count and verify the cash and checks received.

Student Club Fundraising

Fundraising Highlights

- Charitable gifts can now be deposited directly to your ASI Fundraising account and no fees will be incurred.
- Your donated dollars will be deposited directly into ASI donation account—easy to access and spend.
- You can spend each dollar you raise!

What is a Charitable Gift?

- To issue a charitable tax receipt, no goods or services may be given in exchange for the gift.
- For example, a bake sale or car wash where the donor is receiving something would not be eligible for a charitable tax receipt.
- When a friend, family member or other supporter gives your club money and you give nothing in return, that is a donation to your student club where CPP Gift Processing will issue a charitable tax receipt.

What is a Non-Charitable Gift?

- If there is an exchange of goods or services for a donation, then the donation is not charitable, and the donor will NOT receive a charitable tax receipt.
- Any money collected for selling things such as a bake sale is not charitable.

Processing a Charitable Gift?

- Before you ask for money, you MUST coordinate with the CPP Gift Processing office to review all solicitation materials.
- Alternatively, you can use the standard introduction letters and thank you letters from the links below without additional approval from CPP Gift Processing.
- Gifts to fraternities and sororities are not charitable per IRS regulations.

What to Do with Funds

- Make checks out to **Associated Students, Inc. (or ASI)** with student club name in memo.
- Mail checks to:
Cal Poly Pomona Gift Processing PO Box (ensures timely processing)
PO Box 3121
Pomona, CA 91769
- Deposit will be made directly into ASI donation account.
- CPP Gift Processing will issue a charitable tax receipt to donor.
- Follow ALL ASI cash handling procedures—submit any checks received in-hand to ASI Financial Services by the next business day and ASI Financial services will contact CPP Gift Processing to pick up your check.
- Online giving: <http://give.cpp.edu/studentclub>

Crowdfunding

- All student clubs are eligible to apply for a crowdfunding project.
- All the money will go to your cause and no additional fees will be incurred.
- Crowdfunding is only for donations—not for personal fundraising, events or ticket sales.

How to Launch a Successful Crowdfunding Campaign

1. What is your goal? Be specific.
By when do you need to reach your goal?
2. How will you achieve your goal?
Minimum of 8 ambassadors who can commit to reaching out to 20 people each.
3. What project materials can you collect before launching your crowdfunding campaign? These include photos, videos, project description, etc.
4. Who will be the leaders of your campaign?
Is it your fundraising chair, treasurer, president, etc.?

Crowdfunding Application

- Go to crowdfund.cpp.edu .
- Click on 'submit an application' in the top-right menu.
- Fill out the form and click 'submit project.'
- The annual giving team will review your application and will be in touch.

Charitable Donation Policy

- While the Cal Poly Pomona Philanthropic Foundation is the official auxiliary for all philanthropic contributions to Cal Poly Pomona entities, there are some efficiencies for allowing an alternate method. As such, the Cal Poly Pomona Philanthropic Foundation will allow Associated Student, Inc. (ASI), by virtue of its status as a nonprofit 501(c)(3) organization, to accept cash donations designated for student clubs and organizations only if they are less than \$3,000 per donor per year.
- Gifts of \$3,000 or more per donor per year must be deposited to the Cal Poly Pomona Philanthropic Foundation.
- Gifts of stocks will still be processed to the Cal Poly Pomona Philanthropic Foundation
- Gifts made via one payment source comingled with a Cal Poly Pomona Philanthropic program and a registered student club or organization will still be processed to the Cal Poly Pomona Philanthropic Foundation and transmitted to ASI.
- Crowdfunding gifts received online will be processed to the Cal Poly Pomona Philanthropic Foundation and transmitted to ASI.
- Gifts to ASI for student clubs and organizations will be processed by Gift Processing in University Advancement and deposited to ASI.
- Solicitation of gifts exceeding \$1,000 will need to be coordinated with University Development.
- Solicitation of gifts in conjunction with an event or sponsorship require review of all solicitation materials by the Gift Processing Specialist prior to sending any solicitation.
- Gift Processing will be responsible for donor acknowledgement and issuance of receipts for gifts it processes.
- If available, matching gifts will be pursued by the Gift Processing department

Charitable Donation Procedures

Procedure for Accepting Donations	
<p>Responsible Party: Student Club/Advisor</p>	<p>Action:</p> <p>1. Receiving the Gift Upon receipt of a donation, the student organization or advisor contacts the Student Engagement, Leadership, and Success Office and Cultural Centers (SELS) who will contact the Gift Processing office to pick up the donation along with associated donor information. If ASI Financial Services receives the donation directly, they will contact Gift Processing to pick up the check. To provide the best donor experience possible, all gifts must be processed in a timely fashion. The Gift Processing Office should be contacted for pick up as soon as a donation is received by a student or SELS. In addition, ASI and Gift Processing must comply with Cal Poly Pomona Philanthropic Foundation cash handling policy regarding timely deposits.</p>
<p>Gift Processing</p>	<p>2. Depositing the Gift Gifts less than \$3,000 per donor per year, will be processed by and deposited to the ASI bank account by the Gift Processing Department.</p> <p>Gifts of \$3,000 or more per donor per year, gifts of stock, or gifts received from one payment source comingled with a Cal Poly Pomona Philanthropic Foundation donation will be processed through the Cal Poly Pomona Philanthropic Foundation. Gift Processing will deposit the donation into the Cal Poly Pomona Philanthropic Foundation fund in support of the student club. The student club will spend donated funds from the Foundation with the assistance of their faculty or staff advisor and area budget analyst.</p>
<p>Gift Processing/ASI</p>	<p>3. Processing the Gift Record and Acknowledgement Gift Processing completes the gift record in the University Advancement database, will generates the charitable tax receipt and send the receipt to the donor.</p>




<p>Gift Processing/ASI</p> <p>ASI</p>	<p>4. Transferring Cal Poly Pomona Philanthropic Foundation “Direct” Donations to the ASI Financial Services office</p> <p>Once a month or whenever feasible, ASI donations received directly by the Cal Poly Pomona Philanthropic Foundation will be transmitted to ASI Financial Services. Gift Processing will reconcile the ASI STUDENT CLUB DONORS FUND, taking into account any fees not yet posted. Gift Processing will then prepare a disbursement voucher with the details of the transfer. The disbursement voucher will be processed through Accounts Payable. The CSV file will be emailed to ASI Financial Services</p> <p>5. Transmitting Donation Transaction to ASI On a weekly basis, the Gift Processing Office will prepare a CSV file reconciled with the ASI donation deposits made that week. The CSV file will be provided to the ASI Financial Services via email. The ASI Financial Services will return cash receipts to the Gift Processing office showing the funds were deposited into the designated student club fund in ASI.</p>
---------------------------------------	---

Procedure for Gifts-in-Kind	
Responsible Party:	Action:
Donor	<p>1. Receiving a Gift-in-Kind The Donor is required to determine the value of the gift-in-kind, indication of ownership and their intent to donate. Donations of personal services cannot be accepted as a gift-in-kind for charitable deduction purposes. An appraisal will be required for gifts with a value of \$5,000 or greater.</p>
Student Club/ASI	<p>2. Acceptance of the Gift-in-Kind The student club completes the Gift-in-Kind form and obtains donor signature. An email from the donor with description, value of gift and intent to give is sufficient in lieu of actual signature.</p>
Student Club/ ASI	<p>3. Acquiring Signatures for the Gift-in-Kind The Student Club or ASI Office forwards form the Gift-in-Kind form to the Director of ASI or Faculty/Staff Advisor confirming receipt of the gift on behalf of the student club.</p>
ASI	<p>4. Notification to Gift Processing of Gift-in-Kind The "Gift-in-Kind Form" form with backup supporting donor's declared value and if necessary, IRS form 8283 is forwarded to the Gift Processing for review and corrections, if necessary.</p>
ASI	<p>5. Processing the Gift Record and Acknowledgement Gift Processing completes the gift record in the University Advancement database, will generate the charitable tax receipt and send the receipt to the donor.</p>
Gift Processing Gift Processing/ASI	<p>6. Archiving Gift Documentation Gift Processing files and maintains all gift records.</p>
ASI/Gift Processing	<p>7. Reviewing Gift Restrictions Gift Processing notifies ASI of any restrictions imposed on the gift. ASI is responsible for notifying the student club of any such restrictions.</p>
	<p>8. Scans of Gift Records for ASI ASI can access their gift records in the OnBase imaging system</p>



ASI Financial Services

ASI DEPARTMENT FUNDRAISING INFOGRAPHIC

	Non-Charitable Cash Gifts	Charitable Cash Gifts	Charitable In-Kind Gifts
Definition 	<p>When a friend, family member, business or other supporter gives your department money in exchange of goods or services</p> <p>Examples include a bake sale, car wash, sponsorship for an ad</p>	<p>When a friend, family member, business or other supporter gives your department money, and you give nothing in return</p> <p>Examples include a cash or check donation with no exchange of goods or services, profit-sharing with a restaurant</p>	<p>Rather than giving you money to buy needed goods and services, a friend, family member, business or other supporter gives your department the goods and services you need</p> <p>Examples include gift cards, supplies, furniture. Equipment and some services</p>
Solicitation 	<p>No standard introduction letter needed</p> <p>Send a standard thank-you letter after receiving a gift</p>	<p>Use the standard introduction letter for charitable donation, if needed, or</p> <p>Customize solicitation materials but obtain approval from Gift Processing at (909)869-2914 or gifts@cpp.edu</p> <p>Send a standard thank-you letter after receiving a gift</p>	<p>Use the standard introduction letter for charitable donation, if needed, or</p> <p>Customize solicitation materials but obtain approval from Gift Processing at (909)869-2914 or gifts@cpp.edu</p> <p>Send a standard thank-you letter after receiving a gift</p>
Mail To 	<p>Non-charitable & charitable gifts: Make payments out to: Cal Poly Pomona Philanthropic Foundation with department name in memo</p>	<p>Mail payments to: Cal Poly Pomona Gift Processing PO Box 3121 Pomona, CA 91769</p>	<p>Provide goods or services directly to the department</p>
	Use ASI W-9 & EIN	Use Philanthropic Foundation's W-9	Not applicable




Updated on: 07/21/2022

1



ASI Financial Services

ASI DEPARTMENT FUNDRAISING INFOGRAPHIC

	Non-Charitable Cash Gifts	Charitable Cash Gifts	Charitable In-Kind Gifts
Tax Receipt 	No tax receipt	Yes	Yes Department fills out the "Non-Cash Donation/Gift-in-Kind" Form to request a tax receipt for the donor
Deposit 	To be deposited to the department's account XXXXXX-6365 as program support	To be deposited to the department's Philanthropic Foundation account	Not applicable
Spending 	Submit a disbursement request (DR) to ASI Financial Service to spend funds out of the department's account	Submit a disbursement voucher to Cal Poly Pomona Philanthropic Foundation	Not applicable

Updated on: 07/21/2022

2

Expenses Policies & Procedures

Disbursement Request (DR) – Preparer

Schedule for Processing a DR with all Supporting Documentation:

<u>DR Turned In:</u>	<u>Available for Payment:</u>
Thursday by 5:00pm	Following Thursday after 2:00pm
*Applies to ASI, IRA, Agency, and BSC checks/payments.	
*Please request checks for pickup from ASI Financial Services office BEFORE Thursdays, and preferably on the dedicated section of DR Form that gives the payee the option of “Check pick up” or “Mailed”.	

Reasons to submit a Disbursement Request (DR) Form:

- 1. Reimbursement:** For expenses incurred by an individual for the benefit of the club/IRA/council/department. For example, expenses paid for by an individual for an event or a trip associated with the club/IRA/council/department.
- 2. Cash/Travel Advance:** This option allows clubs/IRA/councils/departments to request money from one of their ASI accounts prior to the purchase of supplies, venues, or equipment related to the group. The recipient of the advance will be required to submit a return which is discussed in more detail within the [Cash Advance](#) and [Travel Advance](#) sections of the Smart Spending Manual.
- 3. Direct Payment to a Vendor:** This option is for expenses that do not require reimbursement because the vendor can be paid directly. For example, an order is placed with an outside vendor for t-shirts for the club. An invoice must be attached to the DR submission for ASI Financial Service to pay the vendor. If the vendor is on-campus (e.g., the Bronco Bookstore, any on-campus food vendors, Campus Catering, Brew Works, the CPP Farm Store, Kellogg West, BSC room rentals, etc.) then you do NOT need to submit a DR, but rather a **Purchase Order (PO) form**. Any direct payments to vendors amounting to **\$5,000 or greater** (whether it is an on-campus vendor or an off-campus vendor) will require a Purchase Order (PO) submission. Guest Speakers, food cart vendors (e.g., churro

cart), performers, and artists do NOT need a PO (even if the expense exceeds \$5,000). A contract attached to the DR would be sufficient as long as the contract itemizes the expenses). If the contract is not itemized, then we would need a contract and an invoice attached to the DR.

A W9 form or Vendor Data Record (VDR) form submission will ALWAYS be required for vendors if ASI Financial Services does not already have the vendor in our database. If your group is not sure if the vendor is already in our system, please reach out to us at asipayables@cpp.edu.

A W8 form is required for international vendors. Please reach out to asiaccounting@cpp.edu for payments to international vendors so they can provide the EFTR form (a document necessary for wire transfers).

When paying vendors directly, the correct sales tax is 9.5% (even though Pomona's sales tax is 10.25%). A vendor can charge more than 9.5% on sales tax, but they cannot charge anything less than 9.5%.

A Disbursement Request (DR) is used to request a payment check. A DR is required to issue payment on a purchase order when the goods have been received or services have been rendered. The DR shall be completed in full through OnBase and approved by two authorized signers for the expense account to be charged. Supporting documentation for the expense shall be attached to the DR upon submission to OnBase.

A DR may also be used to request a check to be cut for a performer, vendor, or artist prior to their performance. The DR shall be submitted along with the fully executed contract and any supporting documents (bank statements, proof of insurance, additional insured endorsement, etc.) to OnBase prior to the performance or date of service. The printed check will then be held by Financial Services or the department staff until the day of the event where it will be given to the vendor, performer, or artist after they have completed the contracted services.

A Completed DR Includes

1. Travel Authorization number related to the DR (if applicable).

A DR that involves travel is required to have the proper travel forms submitted to Financial Services at least two weeks prior to the event. A travel authorization number is assigned to the travel forms and given to the individual when submitting the forms.

2. Your account name (club/organization name) and the account number. Include the date the DR was created.

If you do not know your account number, Financial Services can assist you.

3. Instructions on how to identify individual/company receiving the disbursement check.

An address is required whether the check is to be mailed or picked up.

Cal Poly Pomona's 3801 address cannot be used but dorms and suites may be.

4. A detailed description of the purpose of the disbursement. Indicate whether travel was involved with the DR.

5. Descriptions of each expenditure and their costs. Include the P.O. number (if applicable). Include the appropriate budget line-item number for budgeted groups if withdrawn from non-Agency funds. Total the dollar amount of all expenditures, including sales tax.

6. The approval of one authorized signer and the approval of your advisor. Include the contact information of the preparer and the position/title of the Reviewer.

Supporting Documentation for a DR

- A. Detailed receipts must be attached and submitted along with A DR involving purchases with cash or card. Receipts should indicate if purchase was made with cash or card.

For online purchases, an order confirmation from the website being purchased from along with proof of payment must be attached to the DR when submitted.

For purchases on card, receipt must show the last four digits of the card used for the transaction along with the card holder's name to match the name on the DR

If the receipt does not show a name, then further documentation is needed in the form of either.

- a) Bank/credit card statement showing the card holder's name and the last four digits of the card used (must match provided receipts) or
 - b) Bank/credit card statement showing the card holder's name and the transaction being reimbursed or
 - c) Scan of the credit card used to show the card holder's name and ONLY the last four digits of the card. All other numbers must be blacked out before submission.
 - d) Any other personal information may be blacked out before submission to Financial Services.
- B. Emails are not sufficient supporting documentation unless approved by the AP Fund Specialist handling the account.
- C. For any differences between amounts on a DR and a supporting documentation, an explanation along with supported documentation of the reason (ex. balance was paid from two different accounts) is needed.
- D. For any missing documentation, a formally typed and signed memo by the advisor must be written with a detailed explanation of what items were purchases, the dollar amount of purchase, and why the supporting document(s) was not turned in.
- E. For any purchases that involve food (*Ex: pizza for a club meeting*), proof of the event is required (*Ex: a list of attendees for a club meeting or flyer for a guest speaker event*).

At the time the DR is turned in, this documentation must be attached.

If a disbursement request is for one or more of the following purposes, all required supporting documentation related to the purpose must be submitted.

Example: DR is for an event off campus that involves a meal(s)

Documentation: Travel forms submitted at least two weeks prior to event

Event/Program flyer or proof of event

Original line-item receipt

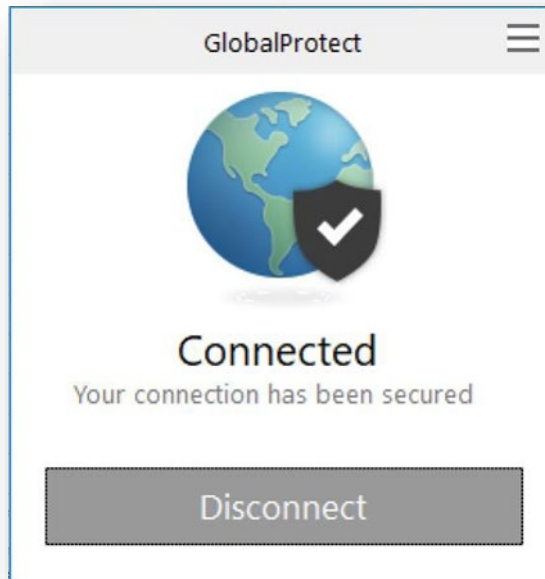
Disbursement is for a(n):	Supporting Documentation Needed:
Company	Completed invoice or Contract
Contractor / Performer / Service Provided (Agency/IRA account)	<ol style="list-style-type: none"> 1. Completed invoice 2. Vendor Data Record
Contractor / Performer / Service Provided (ASI account)	<ol style="list-style-type: none"> 1. Completed invoice 2. Vendor Data Record (to be submitted via Adobe Sign) 3. ASI Performance Contract (Available on the ASI Financial Services website) 4. Car rentals: the clubs can only rent cars through Enterprise, with ASI account. This policy applies if you are attempting to pay a rental car service directly. The ASI account can only reimburse for gas expenses for car rentals. If using a different service, the individual must provide a memo (signed by advisor) clearly explaining why the club could not use Enterprise. 5. If your club is NOT using ASI account funds, then you may use any different service.
Event	<ol style="list-style-type: none"> 1. Program flyer/Proof of event
Meals	<ol style="list-style-type: none"> 1. Original receipt(s) with <u>detailed</u> items purchased. 2. Receipt(s) must state method of payment: If purchased on card, receipt must show last four digits of card used or a bank statement with the transaction must be submitted 3. List of participants
Shipped Goods	<ol style="list-style-type: none"> 1. Signed invoices verifying that the items were received
Travel	<ol style="list-style-type: none"> 1. All attendees from Cal Poly Pomona must have the proper travel forms filled in and submitted to Financial Services at least 2 weeks prior to the travel. 2. If using your ASI Account, there is a limit of 275\$ per person per night. Refer to CSU Travel policies for more information.
Purchased Items	<ol style="list-style-type: none"> 1. Original receipt with <u>detailed</u> items purchased If purchased on card, receipt must have last four digits of card used or a bank statement with the transaction must be provided

Supporting Documentation Guidelines (Continued):

If a disbursement request is for one or more of the following purposes, all required supporting documentation related to the purpose must be submitted.

Filling in the Disbursement Request (DR) Form

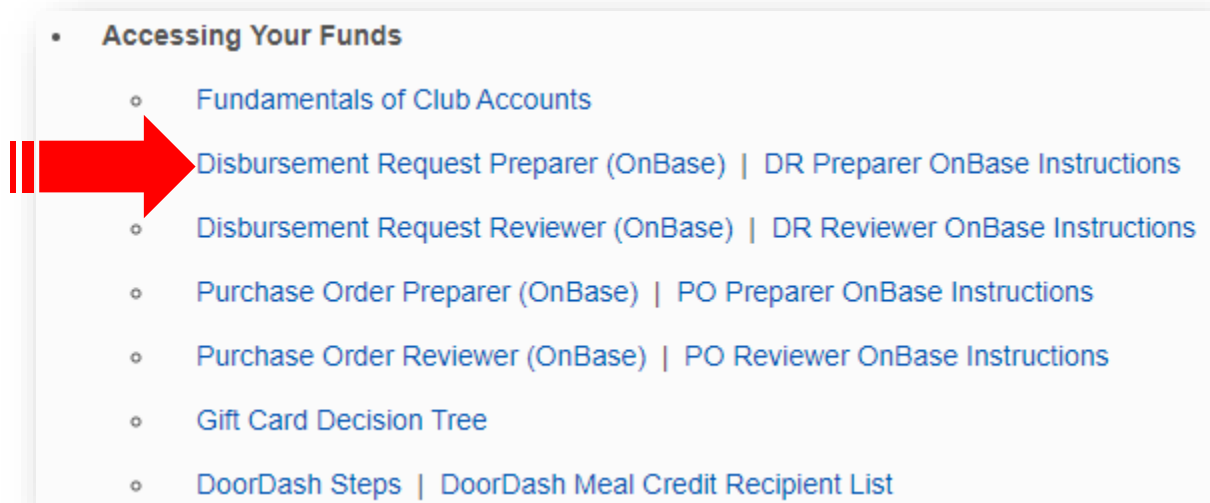
1. **Starting PolyDoc:** Ensure you are connected the Cal Poly Global VPN (Virtual Private Network)



Link to download: https://www.cpp.edu/~geodesign/data_access_vpn_win10.shtml

2. Go to the PolyDoc site the ASI – Disbursement Request Form link to create a request.
[OnBase Disbursement Request Link](#)

ASI Financial Services – Forms & Instructions Webpage: <https://asi.cpp.edu/financial-services/forms-instructions/>



NOTE: If using the ASI – Disbursement Request Form link you will need to use the link for each form that you create. If you are the Payee, then you may not prepare the form. You will need another authorized signer on the account to submit the form on your behalf.

3. Please use your regular CPP credentials to log in.



4. Complete the Disbursement Request form.

DISBURSEMENT REQUEST - Clubs & Organizations

California State Polytechnic University, Pomona



ASICPP

Financial Services

DISBURSEMENT REQUEST - Clubs & Organizations

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

TRAVEL INFORMATION

Does this disbursement request involve travel? *

Yes No

Traveler Type *

STUDENT FACULTY/STAFF

Authorization Number (Example: TA1920-1234) *

TA2223-0014

Land Miles

Air Miles

200

If this disbursement request involves travel, then an authorization number is required.

5. Object Code Options (for clubs/IRA/councils):


8000 - General Expenses for Clubs

8288 - In-state travel

8289 - Out-of-State Travel

ACCOUNT INFORMATION		
Fund	Account Number*	Object Code*
1	110123	8288
Account Name		
Sample DR		
Description		
IN-STATE TRAVEL		
PAYEE INFORMATION / MAKE CHECKS PAYABLE TO:		
Are you the Payee?*		
<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this a Cash Advance?*		
<input type="radio"/> Yes <input checked="" type="radio"/> No		
Vendor/Payee Name*	Vendor Phone Number (Numbers Only)*	
Billy Bronco	9098697659	
Address*		
3801 W Temple Ave Bldg 35		
City*	State*	Zip Code*
Pomona	CA	91768
<small>Payee will automatically receive a check if they have not enrolled in ACH/Zelle payment option. If enrolling in Zelle/ACH, payee must fill out the Vendor Direct Deposit Form. Information on form will be used to process payment electronically from ASI. Allow up to 2 weeks for direct deposit request to be processed.</small>		
PURPOSE / JUSTIFICATION OF EXPENSE / EVENT INFORMATION (Limited to 30 Characters)		
Purpose / Justification (Please do not use double quotes "" or commas,)*		
Plane Ticket Fees		

This address was only used as an example. DO NOT use CPP's address unless the Payee is Cal Poly Pomona.



**Payees (recipients of the reimbursement/payment) cannot complete their own Disbursement Request forms; another authorized signer must do so for them.*

Checks intended to pay a vendor directly will be mailed out to the address provided unless the vendor expects payment on the day of the event. **IF the vendor expects payment day of the event, an authorize signer for the account will need to pick up the check from ASIFS Office.*

Areas of the DR Form:

- A. **Purchase Order (PO) Section:** If a PO was submitted, then please include the invoice number in the designated box.
- B. **Invoice Section:** The same applies if an invoice is included as part of the payment process; type the invoice number in the designated box.
- C. **Amount Section:** Indicate the expense amount for the specified transaction.
- D. **Budget Line (ASI & IRA):** When reviewing A DR prior to processing, ASIFS staff verify that the transaction matches a line item on the current active budget for each club, organization, and IRA group (any account beginning with “1” for clubs, “4” for IRA groups). Therefore, it is necessary to state the line-item number within this section of the DR (only if an ASI account number is used for the DR).
- E. **Alternate Account Number Section:** If splitting the expense between multiple accounts (that belong to the club), then select “Alt Acct #” beside the transaction.

ORIGINAL DOCUMENTATION AND DESCRIPTION OF EXPENDITURE (Limited to 30 Characters)

If an invoice is not available or if this is a reimbursement or cash advance, then an invoice is not required.

Description of Expenditure #1 (Please do not use double quotes "" or commas,)* P.O. # Invoice # Amount*
 Tuffy's Plane Ticket [] [] 200.00

D

Budget Line (ASI & IRA) Alt Acct # Alt Acct # Alt Obj Code
 ASI Line 6 [3S0123] [8288]

E A B C

Description of Expenditure #2 (Please do not use double quotes "" or commas,) P.O. # Invoice # Amount
 Peter's Plane Ticket [] [] 200.00

Budget Line (ASI & IRA) Alt Acct #
 ASI Line 6 []

Description of Expenditure #3 (Please do not use double quotes "" or commas,) P.O. # Invoice # Amount
 Traveler's Plane Ticket [] [] 200.00

Budget Line (ASI & IRA) Alt Acct #
 ASI Line 6 []

Description of Expenditure #4 (Please do not use double quotes "" or commas,) P.O. # Invoice # Amount
 [] [] []

Budget Line (ASI & IRA) Alt Acct #
 []

Description of Expenditure #5 (Please do not use double quotes "" or commas,) P.O. # Invoice # Amount
 [] [] []

Budget Line (ASI & IRA) Alt Acct #
 []

Description of Expenditure #6 (Please do not use double quotes "" or commas,) P.O. # Invoice # Amount
 [] [] []

Budget Line (ASI & IRA) Alt Acct #
 []

Description of Expenditure #7 (Please do not use double quotes "" or commas,) P.O. # Invoice # Amount
 [] [] []

Budget Line (ASI & IRA) Alt Acct #
 []

Total
 600.00

* Use only if the vendor does not charge sales tax on taxable items

To attach any supporting documents, scroll down to the “Supporting Documents section”. Select “Attach ASI – Disbursement Request Supporting Documents”.

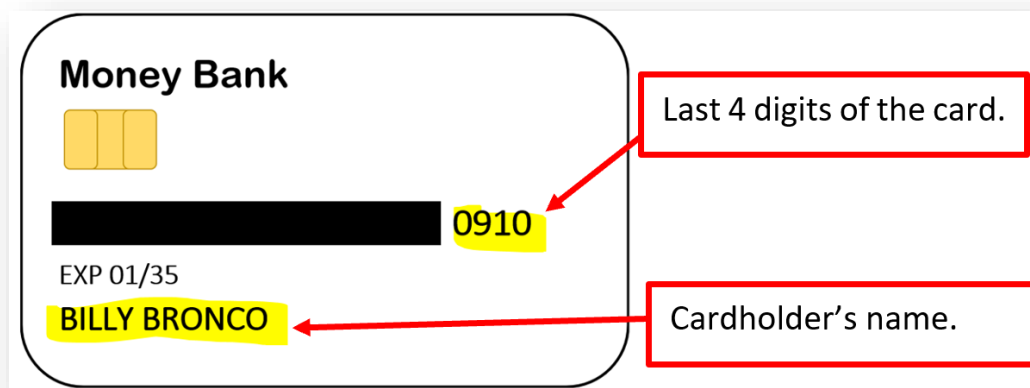
Types of Attachments to Include on a DR

1. **Credit/Debit Card Picture Attachments:** For credit/debit card attachments, please be sure to remove all personal information EXCEPT the following:

- The cardholder's name.
- The last 4 digits of the card.

***NOTE:** If the credit/debit card used for the transaction is discontinued prior to the submission of the DR (making it impossible to attach photo of the card), a copy of the bank statement showing the card’s last 4 digits must be attached, instead (refer to the bank statement attachments portion of this list).

EXAMPLE: This is what the ASI Financial Services’ AP team is looking for when they are reviewing A DR for processing.



2. **Receipt Attachments:** If the club receives a receipt for a purchase, this receipt MUST be attached to the DR Please, note that ALL receipts must include the following details:

- The date of purchase
- An itemized list of products/services purchased.
- The total of the expense
- Payment method (e.g., cash or the last 4 digits of the credit/debit card used for the purchase)


***NOTE:** If a receipt is submitted, but does not meet the above requirements the DR preparer will likely receive an email requesting additional information for the DR and/or that a “Lack of Itemized Receipt form” be attached to the DR

 Amazing Produce Market		
SALE	043879521136	
7/26/2022	5:35:44 PM	

ITEM DESC	QTY	NET AMT
APPLES	3 LB	\$3.00
PEAS	1 LB	\$2.00
MANGOS	1 LB	\$5.00
SQUASH	4 LB	\$6.00
CARROTS	1 LB	\$2.00
WATERMELON	3 LB	\$4.00

SUBTOTAL		\$22.00
TAX		<u>\$2.26</u>
TOTAL		\$24.26
CASH		\$25.00
CHANGE DUE		\$0.74

Receipt Example – CASH

 Event Supplies		
SALE	2289763451400	
6/30/2022	12:01:35 PM	

ITEM DESC	QTY	NET AMT
Monopoly	1.00	\$36.00
Balloons	12.00	\$7.00
Confetti	4.00	\$15.00
Paper Plates	5.00	\$36.00

SUBTOTAL		\$94.00
TAX		<u>\$8.93</u>
TOTAL		\$102.93
DEBIT TEND		\$102.93
VISAxxxxxxxx 0910		
CHANGE DUE		\$0.00

Receipt Example – CARD

BEST FLIGHTS AIRLINES	
PASSENGER: TUFFY ELEPHANT	
FLIGHT: 4WM389	
<u>DEPARTURE DATE & TIME</u>	
Saturday, July 16, 2022	
BOARDING	1:45 pm
ONT INT	2:15 pm
<u>ARRIVAL DATE & TIME</u>	
Saturday, July 16, 2022	
SF INT	3:45 pm
FARE EXPENSES	\$150.00
LUGGAGE FEES	\$48.00
TAXES	\$2.00
TOTAL	<u>\$200.00</u>
VISA XXXXXXXXX0910	

Receipt Example – AIRPLANE TICKET

*More information is usually presented on plane ticket receipts, but this basically what AP is looking for while reviewing a DR



Smartie Buys Online

FINAL DETAILS FOR ORDER #116-3941207-9908558

[Print this page for your records](#)

Order Placed: July 26, 2022

Order Total: \$70.70

Date of shipment is required for online purchases. If one is not provided, a bank statement will be requested.

Shipped on 07/30/2022

Items Ordered	QTY	Unit Price	Total Cost
Basket Balls	10.00	\$3.00	\$30.00
Tennis Racquets	10.00	\$2.00	\$20.00
Frisbees	10.00	\$1.00	\$10.00

SUBTOTAL	\$60.00
TAX	\$5.70
SHIPPING & HANDLING	<u>\$5.00</u>
GRAND TOTAL	<u>\$70.70</u>

PAYMENT METHOD:

VISAxxxxxxxx0910 \$70.70

Billing & Shipping Address

Billy Bronco

3801 W. Temple Ave.

Pomona, CA 91768


Receipt Example – ONLINE PURCHASES

3. **Bank Statement Attachments:** Bank statements are necessary for any online purchase where the items are being sent to a personal address. A bank statement can also be submitted in place of a photo of the credit/debit card used in the transaction. For bank statement attachments, please be sure to remove all personal information EXCEPT the following:

- The cardholder's name.
- The last 4 digits of the card (NOT the account number).
- The transaction (including its description, amount paid, and date of purchase).

***NOTE:** If a bank statement is submitted, but does not meet the above requirements the DR preparer will likely receive an email requesting additional information for the DR

EXAMPLE: This is what the ASI Financial Services' AP team is looking for when they are reviewing A DR for processing.


 1234 W Main Street
 Example, CA 45678
 moneybank@domain.com

BANK STATEMENT

Account Number: [REDACTED]
 Statement Date: [REDACTED]
 Period Covered: [REDACTED]

Billy Bronco 3801 W. Temple Ave. Pomona, CA 91768	Opening Balance: [REDACTED] Total Credit Amount: [REDACTED] Total Debit Amount: [REDACTED] Closing Balance: [REDACTED] Account Type: <i>Awards Card (Credit)</i> Number of Transactions: [REDACTED]
--	--

Awards Card (Credit) - 0910 ← Last 4 digits of card used in transaction(s).

Date	Description	Transaction Amount
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
05/01/2022	Best Flights Airlines Ticket# 0004758	\$200.00
05/01/2022	Best Flights Airlines Ticket# 0004759	\$200.00
05/01/2022	Best Flights Airlines Ticket# 0004760	\$200.00
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
05/03/2022	Payment – Thank You	-\$200.00
05/03/2022	Payment – Thank You	-\$200.00
05/03/2022	Payment – Thank You	-\$200.00
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

4. **Invoice Attachments:** For any transaction involving a quote/estimate and/or Purchase Order (PO), please attach the final invoice to the DR Details that must be clearly stated on the invoice should include:
 - The vendor’s name, contact information, and address
 - The invoice number
 - The invoice date
 - The items/services purchased
 - The total cost of the items/services purchased

5. **Vendor Data Record (VDR) Submissions:** A Vendor Data Record is required when a club would like to pay a vendor directly out of their club account for a service provided (Ex: a photographer taking pictures for an event performer, etc.). For the disbursement

request, attach the vendor invoice and submit a vendor data record via Adobe Sign. The link for the VDR is available on our [website](#). Once the vendor completes the form and electronically signs it, the vendor data record is automatically submitted to Financial Services. Examples of types of vendors that will require a VDR:

- Companies (including Sole-Proprietors, Corporations, etc.)
- Free-Lance Workers (e.g., DJs, face-painting services, etc.)
- Recipients of Prizes with a Value Over \$50.00.

6. **Prize & Award Form Attachments:** A prize and award form should be completed and submitted with any DR where the payee is seeking reimbursement for gifts given to individuals in club activities/events. An example would be gift cards, school supplies, mugs, headphones, etc. Please, refer to our Prize & Award Form section to learn more about this attachment item. As mentioned previously, recipients of prizes with a value over \$50.00 will also need to submit a VDR.

Attachment Instructions

Please remove personal information such as credit card numbers prior to submitting. If submitting credit card information, only leave the last 4 digits and name on the document.

Vendors should submit Vendor Data Form to ASI directly.

You may select the attachment button multiple times to add multiple supporting documents if needed.

Please Attach Any Document(s) Related to this Disbursement Request (10 MB per file limit. If you are unable to submit an attachment please contact ASI for alternative submission methods)

ASI - Disbursement Request Supporting Documents *

[Attach ASI - Disbursement Request Supporting Documents](#)

COMMENTS

Preparer's Comments

Preparer's Signature

Preparer

SKNIESL

Date

07/21/2022

Permanent Email Address *

SKNIESL@cpp.edu

Phone Number (Numbers Only) *

Do you want to add a second CPP only email address? *

Yes No

I certify that the item(s) above has/have been received and or services(s) has/have been performed to the satisfaction required. *

[Save/Submit](#)

*Save/Submit this form

*A check or electronic form of payment will be issued to the person named on the request and will be issued via mail or direct deposit.

* *The individual to whom the check is being made out to may not sign the same DR request.*

* *The advisor may have a Universal signer sign in the Student Engagement, Leadership, and Success Office (SELS).*

* ASIFS will only hold **reimbursement checks** for pickup if requested prior to check printing. There is a section on the DR form that asks if the check should be held for pickup or mailed. Please select the "pickup" option if the payee would rather retrieve the check from our office.

*ASIFS will ALWAYS hold **cash/travel advance** checks for pickup.

*The individual retrieving the check will be asked to provide identification (either Bronco ID or Driver's license will accepted), and to sign a document at the window specifying name and date of retrieval.

Request for Additional Information Notices

Advisors, Universal Signers, and Financial Services may request additional information related to the submitted form (ex: additional proof of payment or proof of event). The preparer of the form will be emailed with a link to the Additional Information Form.

1. The email will also list the Disbursement Request #. Please input this number into the box provided and click "Verify Disbursement Request #"
2. The ASI notes for Requesting Additional Information will auto-populate. This will explain what further documentation is needed.

Ex: *"Please attach receipt for Amazon purchase that states 'shipped'"*

3. Comments can be made to Financial Services in this box. This can be used to provide more context, give a budget line number, etc.

Ex: *Amazon receipt is attached.*

4. Please submit the requested additional information

DISBURSEMENT REQUEST - Additional Information

For screen reader users, please press spacebar to attach documents in the Disbursement Request attachment section.
 Please use this form to add any additional information, including Cash Advance Receipts, using the area for a request.
 You should have received a unique Disbursement Request # from asfh@copp.edu. You must use the Disbursement Request # to complete the request.
 If you do not have the Disbursement Request # please contact asfh@copp.edu.

ACCOUNT INFORMATION

You should have received a unique Disbursement Request # from asfh@copp.edu. You must use the Disbursement Request # to complete the request.

Disbursement Request #* **a** Status (read-only)

Verify Disbursement Request # **Clear Fields**

ASI Notes for Requesting Additional Information (Read-Only) **b**

Cash Advance Receipts

Are you providing Cash Advance Receipts?
 Yes No

Please provide any additional account # info including amount

Preparer's Comments **c**

Attachment Instructions

Please remove personal information such as credit card numbers prior to submitting. If submitting credit card information, only leave the last 4 digits and name on the document.
 Vendors should submit Vendor Data Form to ASI directly.
 You may select the attachment button multiple times to add multiple supporting documents if needed.

Please Attach Any Document(s), Related to this Disbursement Request (10 MB per file limit. If you are unable to submit an attachment please contact ASI for alternative submission methods)

ASI - Disbursement Request Supporting Documents **d**

Attach A B - Disbursement Request Supporting Documents

Preparer's Signature

Preparer Date Permanent Email Address*

Do you want to add a second email address?
 Yes No

Disbursement Request # valid (read-only, verifies # entered after clicking on "Verify Disbursement Request #")

Save/Submit **e**

Club Accounts: Limitations When Using Non-Agency Funds for A DR

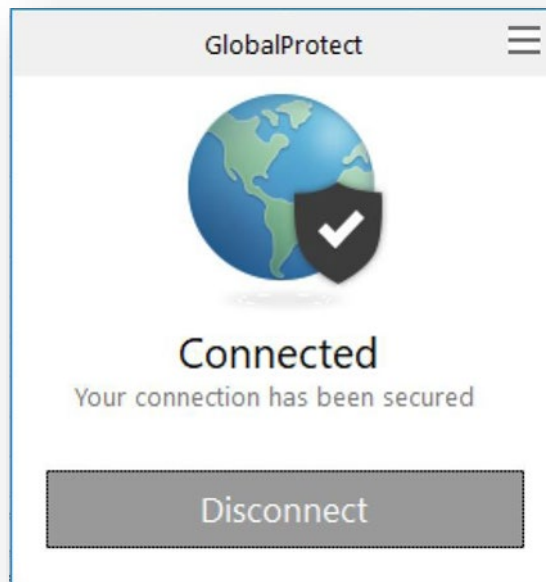
- A. When purchasing meals during travel, there is a limit per meal on how much the advance

Can be used for:	Breakfast	\$13
	Lunch	\$15
	Dinner	\$27
Daily Maximum:		<u>\$55</u>

- a. If travel is for a full day or more, allocations can be combined to reach a total meal limit of \$55.00 per day of travel.
 - b. If travel is for a duration beyond one mealtime, allocations in the amount of the two meals can be combined to be used as the total meal limit for the day.
- B. Food and non-alcoholic beverages to be consumed on campus must be purchased from food vendors on campus (BSC, Campus Marketplace, Kellogg West, etc.)

Disbursement Request (DR) – Reviewer

1. **Starting PolyDoc:** Ensure you are connected the Cal Poly Global VPN (Virtual Private Network)



Link to download: https://www.cpp.edu/~geodesign/data_access_vpn_win10.shtml

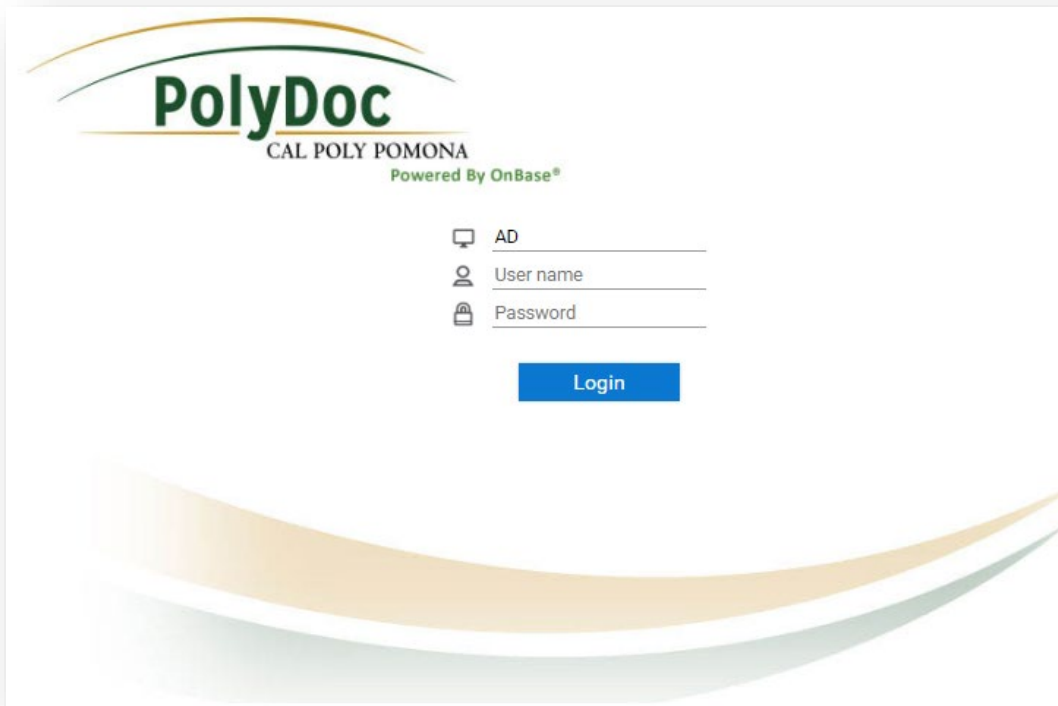
2. Go to the PolyDoc site the ASI – Disbursement Request Form link to create a request.

[OnBase Disbursement Request \(Reviewer\) Link](#)

Notice: Reviewers are notified daily that there are disbursement request forms in their queue. After three days, if left in the inbox, the DR will automatically route to the Student Engagement, Leadership, and Success Office for review. If you are the Payee, then you may not review the form. You will need another authorized signer on the account to review the form on your behalf, or a Universal Signer will review the DR for your club/organization/group.

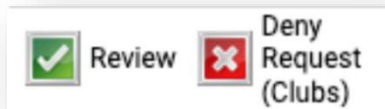
To view an attached Supporting Document(s), select a disbursement request form and scroll down to the Supporting Documents section. Select the **Attached Supporting Document Name** to view it.

3. Please use your regular CPP credentials to log in.



Workflow – Reviewers Queue

4. Select a Disbursement Request form to view.
5. You can select a Disbursement Request form to view. Notice that you have Tasks:

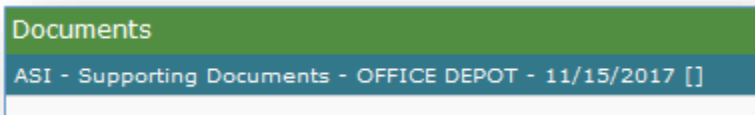


Or you can right click anywhere on the form and select Cross References.



The screenshot shows a form titled "DISBURSEMENT REQUEST" for "ASSOCIATED STUDENTS, INC. CALIFORNIA STATE POLYTECHNIC UNIV". A context menu is open over the form, listing options: "Keywords", "History", "Cross-References" (which is highlighted), and "Notes". Below the form title, there is a note: "For screen reader users, please press spacebar to attach section."

A dialog box should appear with any supporting documents. Select one to view.



The screenshot shows a dialog box titled "Documents". It contains a list item: "ASI - Supporting Documents - OFFICE DEPOT - 11/15/2017 []".

You can also add notes in the **Office Only Use** section. Once you have added any notes, click on **Save/Submit** to save the notes.

To attach any supporting documents, select a disbursement request form and scroll down to the Supporting Documents section. Select **Attach ASI – Disbursement Request Supporting Documents**. A Browse dialog box will appear. Select the supporting documents that you want to attach. Next click on **Save/Submit** to save the attached supporting documents.



The screenshot shows a dialog box with a blue header containing the text: "Please Attach Any Document(s) Related to this Disbursement Request (10 MB per file limit. If you are unable to submit an attachment please contact ASI for alternative submission methods)". Below the header, the text "ASI - Disbursement Request Supporting Documents *" is displayed. A list item "Attach ASI - Disbursement Request Supporting Documents" is shown in a blue box.

- a. **Review (Approve):** Selecting this allows you to approve the Disbursement Request. The Disbursement Request will exit this queue and move to the Finance queue. An Approved email is then sent to the preparer. If you make any changes to the form, you must click on **Save/Submit** to save the changes first.
- b. **Request Additional Information:** Selecting this allows you to request supplemental information of the preparer. They will receive an email with instructions to attach this additional information. Please note, once they have submitted this information, you will still have to approve the request for it to be routed to Financial Services.
- c. **Deny:** Selecting this allows you to deny the disbursement request. You will have to add a reason(s) for denying the request in the Reviewer's Comments section, which will be emailed to the preparer. If you forget to add a reason(s), the system will then ask you to type in a reason(s). The disbursement request form will then exit this queue and move to the messaging queue where a denied email with the reason(s) specified will be included and sent to the preparer at 6:00 pm. From there, the form will exit workflow.

DR Reviewers: Reasons to Request Additional Information from Preparer:

- **Missing TEC Attachment:** If the expenses are related to travel, then a Travel Expense Claim (TEC) form must be attached to the associated DR. If the TEC form is missing, then the DR will need to be updated prior to its journey to ASIFS.
- **Missing Proof of Car Insurance Attachment:** Proof of car insurance must be provided for any reimbursement involving mileage (for a personal vehicle; NOT rentals). Please, verify that any reimbursement including mileage costs has proof of car insurance prior to submitting the DR to ASIFS.
- **Missing Flyer of Event:** A flyer of the event is required to provide information regarding the event that took place. ASI Financial Services will not process any DR or PO that does not include supporting documentation of an event related to the expenses reflected on the submission. Please, place a hold and request for additional information if you find a DR without a flyer where one is necessary.
- **Missing Invoice Attachment:** An invoice is required whenever a vendor provides one for payment. If paying the vendor directly through the DR, then a copy of the invoice must

be attached to the DR and the vendor's professional information will need to be recorded in the section for the payee on the DR (this includes the payee's name, address, and phone number). If the vendor had already been paid by a member of your club, and the individual is seeking reimbursement, then a copy of the invoice must be attached, along with any associated receipts, a picture of the card used for the payment, a bank statement to prove that the payment was fulfilled, and the individual's personal information should be listed on the DR as the payee. Please, place a hold and request for additional information if you find a DR that does not include an invoice where one is necessary.

- **Missing Prize & Award Attachment:** A prize and award form is required for any expense related to gifts given out during an event. Examples include gift cards, earbuds, art supplies, etc. In addition to the prize and award form, a flyer of the event must be attached to the same DR providing information on the event that took place where gifts were distributed. If these items are missing, please place a hold on the DR and request for additional information prior to submission to ASIFS.
- **Missing Lack of Itemized Receipt Attachment:** A Lack of Itemized Receipt form is a required attachment when the receipts provided do not itemize the products/services purchased. If this form is missing and is necessary to provide proof of payment, please place a hold on the DR and request additional information prior to submission to ASIFS.
- **Missing Bank Statement Attachment**
- **Missing Picture of Card Used**

DR Reviewers: Reasons to Deny a Disbursement Request:

1. **Insufficient Funds:** Insufficient funds in the account selected to cover the expense.
2. **Duplicate Submission:** Duplicate of another DR that had already been submitted.

DR Reviewers: Disbursement Request Retrieval Process

Document

Document Retrieval

Document Type Groups
Associated Students Inc


Document Types
ASI - Disbursement Request
ASI - Supporting Documents

From Date To Date

Keywords Text Note

YN Travel ID
Authorization Number
Date Time
MM/dd/yyyy hh:mm:ss tt
Fund Number
Department ID
Department Name
Object Code
Description
YN Question
Name
Address

Full-Text Search

- NOTE:** Reviewers can retrieve all forms submitted only for the account number(s) that they are authorized to approve.
- To search select **Associated Students Inc** for the **Document Type Group**. Next click on the Document Type(s) you want to search for. To select more than one document type, you can select ctrl on your keyboard and click on more than document type.
- Next, select a **Date Range**. Type in the Name. You can use any of the additional keywords to find the disbursement request form.
- Next click on the Find button  to search.
- A list should appear based on the keywords that you used to search.

Cash Advance

Student clubs and organizations may submit a Cash Advance disbursement request up to \$500 to an individual for an event. Cash Advances follow the same process as a Disbursement Request.

Cash Advance DR Turned In: Available for Mailing:

Thursday by 5:00pm

Following Thursday

Cash Advance Guidelines

- A. Cash Advances are for purchasing small items for an event. Multiple cash advances can be combined to pay for a large item. A separate disbursement request is used to request payment for large items.
- B. Cash Advance disbursement requests, up to \$500, may be submitted for an individual.
- C. Only one Cash Advance check can be outstanding at a time per individual.
- D. Original detailed receipts and accounting for all expenditures must be submitted along with any excess cash from the advance.
- E. Supporting documentation must be submitted **no later than 10-business days after the last day of the off-campus event/trip**. If not submitted within the 10 days, the club/organization's account is on hold for cash and travel advances and will not be released until the activity report envelope is properly returned to Financial Services.
- F. No unauthorized purchases may be included in accounting of cash advance (personal items, side trips, etc.)

Repeated offenses may ban the organization from advances for the remainder of the fiscal year.

Requesting a Cash Advance

Submit a disbursement request to Financial Services requesting a Cash Advance.

A completed Cash Advance disbursement request includes:

1. Your account name (club/organization name) and the account number. If you do not know your account number, Financial Services can assist you.
2. Cash Advances will now be mailed so please allow an additional 5-7 business days to receive the check in the mail.
3. A detailed description of the purpose of the cash advance. Include how much funds are needed, the date of the event, and the items the cash advance check will be used for. Include supporting documents (i.e., quotes, product description and price from vendor's website, etc.)
4. The approval of one authorized signer and the approval of your advisor.

Returning a Cash Advance

1. Follow all cash advance procedures and submit the necessary completed return items to Financial Services. Cash advance returns should be submitted based on the following scenarios:
 - a. **Total Expenses Result in an “Overage”**: An “overage” occurs when the intended expense requires the club to spend more money than the amount provided through cash advance. In this case, please submit the following items for the return via a new Disbursement Request (DR) submission:
 - i. **Itemized receipts** from the purchases related to the intended expense. If the receipts do not list what was purchased, please submit a [Lack of Itemized Receipt Form](#) (signed by your advisor).
 - ii. **Proof of payment** in the form of a picture of the card used in the transactions or a bank statement. The card must show the cardholder’s name and its last 4 digits (all other information can be covered). For the bank statement, we will need to see the cardholder’s name and the advance-related transactions (please cover all other information). If using Apple Pay, you will need to provide a bank statement because the 4 digits change for each transaction. If cash was used, the receipts must either say “Cash tender” or show the change due back.
 - iii. **Flier or list of attendees** (for cash advances used for food purchases or banquets). The flier or list of attendees **MUST** show the date of the event.
 - b. **Total Expenses Result in an “Funds Remaining from Advance”**: When there are funds remaining from the cash advance, you will need to redeposit those funds back into the account that they came from. To do this, please follow these steps:
 - i. Return all associated receipts, and proof of payment via the cash advance return link that the check recipient should have received through their CPP email when the check was printed.
 1. **Itemized receipts** from the purchases related to the intended expense. If the receipts do not list what was purchased, please submit a [Lack of Itemized Receipt Form](#) (signed by your advisor).
 2. **Proof of payment** in the form of a picture of the card used in the transactions or a bank statement. The card must show the cardholder’s name and its last 4 digits (all other information can be covered). For the bank statement, we will need to see the cardholder’s name and the advance-related transactions (please cover all other information). If using Apple Pay, you will need to provide a bank statement because the 4 digits change for each

transaction. If cash was used, the receipts must either say “Cash tender” or show the change due back.

3. **Flier or list of attendees** (for cash advances used for food purchases or banquets). The flier or list of attendees **MUST** show the date of the event.
- ii. Complete a [Deposit Form](#) and state the cash advance number (e.g., **CA 0000**) on the form. A deposit of funds will be requested for any amount not sufficiently documented (i.e., missing itemized receipts or indicated without proof of payment). So, please make sure that all receipts and proof of payment items are submitted with the return.

*The above documentation must be properly submitted **within 10 days after** the conclusion of the event/expense.

***Electronic submissions of attachments** for Cash/Travel Advance Returns **ONLY**. Do not submit receipts and proof of payment to our window.

Enrollment Process for ACH

A Direct deposit form is required when a payee would to enroll in electronic payments. A Disbursement Request (DR) form is required to complete the transaction.

Send us a request at asipayables@cpp.edu and provide the information below for the payee so we can send them a copy of the form via Adobe Sign. Processing time can take 5-7 business days.

1. Payee first and last name
2. Payee e-mail address.

Required Information for Vendor Direct Deposit Form

The vendor will receive an email notification from Adobe Sign to fill out and complete the form. First, click on “Review and Sign” to access the form.

1. Type of Action:
 - a. New: Payee is applying for direct payment for first time
 - b. Change: change in banking information, name, etc. for a form that is currently active
 - c. Cancellation: canceling a form that is currently active
2. Payee Information:
 - a. Enter full name and address.
3. ACH Information
 - a. Type of Account: select which account you want the funds to be deposited.
 - b. Enter Bank name and routing number/account number.
Note: contact your bank if you do not have this information
4. Authorization
 - a. Review the information you have entered. If everything is accurately filled to the best of your knowledge, please, select the box “I certify all information entered is correct”.
 - b. Read the “Terms and Conditions” page and electronically sign the form. Notification will be automatically emailed to Financial Services.



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.

TYPE OF ACTION

New Change Cancellation

1

PAYEE INFORMATION

Payee Legal Name

Billy Bronco

Address

3801 W. Temple Ave.

City, State, Zip Code

Pomona, CA 91768

2

ACH INFORMATION

Type Of Account:

Checking Savings

3

Financial Institution Name

Schools First Bank

Routing Number

5555555

Account Number

55555555

AUTHORIZATION

I certify all information entered is correct

4

Terms & Conditions

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

- 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.
- 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 canceled 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.
- If canceling, I hereby authorize ASI to cancel my current direct deposit action. Any further payments will be delivered as a check
- 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:

PAYEE/AUTHORIZED REPRESENTATIVE'S NAME

Billy Bronco

TITLE

Student

SIGNATURE

Billy Bronco

Billy Bronco (Jun 14, 2023 10:03 PDT)

DATE

06/14/2023

Lack of Itemized Receipt Form

A Lack of Itemized Receipt Form can be attached to the Disbursement Request in place of a missing receipt or receipt that is not itemized. Please note, this form must be completed in its entirety for the Disbursement Request to be processed. Proof of payment must still be attached to the Disbursement Request even if this form is used.

How to

Filling in the Lack of Itemized Receipt Form

1. Complete the purchaser information. This should also be the vendor/payee on the Disbursement Request.
2. Fill in the vendor information, where the items were purchased (Ex: Target, Amazon, etc.)
3. Provide a *detailed* description of items purchased and list the price of all items. Be sure to include any tax/shipping costs.
4. Fill in the reason there is a lack of itemized receipt (Ex: vendor did not provide one, lost, etc.)
5. The purchaser must sign this form to ensure all information entered is correct.
6. The advisor must sign this form as their acknowledgement of all information being correct as well.



Lack of Itemized Receipt

Associated Students, Inc.
Cal Poly Pomona

Please complete and attach to submission documents.

Purchaser Information:			
Print Purchaser Name (First Name, Middle Initial, Last Name):		Phone Extension:	
Billy Bronco		2800	
Vendor Name:	Billy Bronco		
Purchase Date:	06/30/2022		
QTY	Description of Items Purchased	Unit Price	Extended Price
1.00	Monopoly	\$ 36.00	\$ 36.00
12.00	Balloons	\$ 7.00	\$ 7.00
4.00	Confetti	\$ 15.00	\$ 15.00
5.00	Paper Plates	\$ 36.00	\$ 36.00
		Tax	\$ 8.93
		Shipping	\$ 0.00
		Total	\$ 102.93
Reason for lack of receipt (must be completed):			
Receipt does not itemize the items purchased.			
I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
Purchaser Signature:		Date:	
Billy Bronco		07/26/2022	
Advisor/Supervisor Printed Name:			
Sample Advisor			
Advisor/Supervisor Signature:		Date:	
Sample Advisor		07/26/2022	

Vendor Data Record

A Vendor Data Record is required when a club/department would like to pay a vendor directly out of their account for a service provided (Ex: a photographer taking pictures for an event, DJ, guest speaker, etc.). A Disbursement Request (DR) form, invoice and Vendor Data Record are required to complete this transaction.

Send us a request at asipayables@cpp.edu and provide the information below for the vendor so we can send them a copy of the form via Adobe Sign. Processing time can take 5-7 business days.

1. Vendor first and last name
2. Vendor e-mail address

Filling in Vendor Data Record via Adobe Sign

The vendor will receive an email notification from Adobe Sign to fill out and complete the form. From the email click on “Review and Sign” to access the form.

1. On the top right-hand side of the form, vendor must select if they are a business or individual/sole proprietor.

***Note:** Select individual/sole proprietor if you are receiving a prize/gift valued over \$50.

2. **Box 2**, enter full name/business name, full address, and phone number.
3. **Box 3**, select the vendor entity type: LLC, Sole Proprietor, Partnership, etc.
4. **Box 4**, enter Federal Tax ID (EIN) for businesses or Social Security Number for individual/sole proprietor.
5. **Box 6**, type full name, title and electronically sign form.
6. Once completed, click “**Finish**” and the form is automatically emailed to asipayables@cpp.edu.



VENDOR DATA RECORD

Please select vendor type:

(Required in lieu of IRS W-9 when doing business with ASI Financial Services)

NOTE: Governmental entities, federal, state, and local (including school districts) are not required to submit this form.

1

Business

Individual/Sole Proprietor

<p>1 PLEASE RETURN TO:</p> <p>→→→→→</p>	<p>Email Address: asipayables@cpp.edu</p> <p>PURPOSE: 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. <i>(See Privacy Statement on page 2.)</i></p>							
<p>2</p>	<p>VENDOR'S BUSINESS NAME Bronco Food Truck</p> <p>VENDOR PHONE NUMBER 555-555-5555</p> <p>SOLE PROPRIETOR - ENTER OWNER'S FULL NAME HERE (as shown on your income tax return. If not applicable, please type, N/A) Billy Bronco</p> <p>MAILING ADDRESS (Number and Street or P.O. Box Number) 1234 Financial St.</p> <p>(City, State, and Zip Code) Pomona, CA 91768</p>							
<p>3</p> <p>VENDOR ENTITY TYPE</p>	<p><input type="radio"/> MEDICAL CORPORATION (including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.)</p> <p><input type="radio"/> EXEMPT CORPORATION (Non-Profit)</p> <p><input type="radio"/> ALL OTHER CORPORATIONS</p> <p><input type="radio"/> LLC. Check appropriate box: <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership</p> <p><input type="radio"/> ESTATE OR TRUST</p> <p><input type="radio"/> PARTNERSHIP</p> <p><input checked="" type="radio"/> INDIVIDUAL/SOLE PROPRIETOR (Must provide Social Security #)</p>	<p>3</p> <p>NOTE: - Government entities - ASI employee are not required to submit this form.</p>						
<p>4</p> <p>VENDOR'S TAXPAYER I.D NUMBER</p>	<p>4</p> <p>SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF REVENUE AND TAXATION CODE SECTION 18646 (See page 2)</p> <p>FEDERAL EMPLOYER'S IDENTIFICATION (FEIN) SOCIAL SECURITY NUMBER/ITIN 555-55-5555</p> <p>IF VENDOR ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER FEIN. IF VENDOR ENTITY TYPE IS INDIVIDUAL OR SOLE PROPRIETOR, ENTER S.S.N./ITIN/SSN IF RESIDENT OF FOREIGN COUNTRY</p>							
<p>5</p> <p>VENDOR RESIDENCY DECLARATION For Tax Purposes</p> <p>All Payments Made by the University Are Subject To Federal and California State Tax Laws</p>	<p>5</p> <p>Federal Income Tax Withholding Status (Applies to Individuals Only): I am A US Citizen OR I am A Permanent Resident Alien <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>California State Tax Withholding Status (Applies to All Vendors): <u>California Resident</u> Qualified to do business in CA or have a permanent place of business in CA <u>California Nonresident</u> (See page 2). Payments to CA nonresidents may be subject to state taxes. <input checked="" type="radio"/> A Waiver from CA state tax withholding is attached (From the California Franchise Tax Board). <input type="radio"/> All services related to this payment were performed OUTSIDE of the State of California No waiver, subject to 7% withholding (see page 2)</p> <p>NOTE: Prior to making payments to foreign citizens, 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 page 2) 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. Rules for assessing State taxes differ significantly from Federal tax rules (Please See page 2)</p>							
<p>6</p> <p>CERTIFYING SIGNATURE</p>	<p>6</p> <p>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.</p> <table border="1"> <tr> <td data-bbox="430 1759 876 1833">AUTHORIZED VENDOR REPRESENTATIVE'S NAME Billy Bronco</td> <td data-bbox="876 1759 1226 1833">TITLE Owner</td> <td data-bbox="1226 1759 1433 1833">TELEPHONE NUMBER 555-555-5555</td> </tr> <tr> <td data-bbox="430 1833 876 1906">SIGNATURE <i>Billy Bronco</i></td> <td data-bbox="876 1833 1047 1906">DATE 06/14/2023</td> <td data-bbox="1047 1833 1433 1906">EMAIL ADDRESS asifs@cpp.edu</td> </tr> </table>		AUTHORIZED VENDOR REPRESENTATIVE'S NAME Billy Bronco	TITLE Owner	TELEPHONE NUMBER 555-555-5555	SIGNATURE <i>Billy Bronco</i>	DATE 06/14/2023	EMAIL ADDRESS asifs@cpp.edu
AUTHORIZED VENDOR REPRESENTATIVE'S NAME Billy Bronco	TITLE Owner	TELEPHONE NUMBER 555-555-5555						
SIGNATURE <i>Billy Bronco</i>	DATE 06/14/2023	EMAIL ADDRESS asifs@cpp.edu						

6

VENDOR DATA RECORD	
<p>ARE YOU A RESIDENT OR NON RESIDENT?</p> <p>Each corporation, individual/sold proprietor, partnership, estate, or trust doing business with the State of California must indicate residency status along with their vendor identification number.</p> <p>A corporation if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.</p> <p>For individual/sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary transitory purpose. Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a nonresident.</p> <p>For withholding purposes, a partnership is considered a resident partnership if it has a permanent place of business in California. An estate is considered a California estate if the descendant was a California resident at the time of death and a trust is considered a California trust if at least one trustee is a California resident.</p> <p>More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:</p> <p>From within the United states, call 1-800-852-5711 From outside the United States, call 1-916-845-6500 For hearing impaired with TDD, call 1-800-822-6268</p>	<p>ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?</p> <p>Payments made to the nonresident vendors including corporations, individuals, partnerships, estates and trusts are subject to income tax withholding. Nonresident vendors performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no California tax withholding is required if total payments to the vendor are \$1,500 or less for the calendar year.</p> <p>A nonresident vendor may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address below. A waiver will generally be granted when a vendor has a history of filing California returns and making timely estimated payments. If the vendor activity is carried on outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:</p> <p>Franchise Tax Board Withhold a Source Unit Attention: State Agency Withholding Coordinator P.O. Box 651 Sacramento, CA 95812-0651 Telephone: (916) 845-4900 Fax (916) 845-4831</p> <p>If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.</p> <div data-bbox="850 1066 1396 1260" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p align="center">FOREIGN CITIZENS and FOREIGN BUSINESS</p> <p align="center">Federal tax withholding regulations differ significantly from California tax withholding requirements. A tax analysis consultation and additional forms must be completed before a payment can be released.</p> </div>
<p align="center">Privacy Statement</p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State must provide their Taxpayer Identification Numbers (TIN) as required by Revenue and Taxation Code Section 18646, to facilitate tax compliance and enforcement activities and preparation of Form 1099 and other information returns as required by Internal Revenue Code Section 6109(a). The TIN for individuals and sole proprietorships is their Social Security Number (SSN).</p> <p>It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided be subject to a 31% withholding and state law imposes noncompliance penalties up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.</p> <p>Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in section 1.</p>	
<p>NOTE:</p> <p>An estate is a resident if descendant was California resident at time of death. A trust is a resident if one or more trustees have California residency.</p>	

Prize, Award, & Gift Procedures

Effective Date: 2/8/2021

Last Revision Date: 5/15/2019

Introduction

The procedures have been developed to provide guidance to faculty, staff and students on issuing prizes, awards, and gifts.

Documentations for Payments

For payment or reimbursements of prizes, awards & gifts, the following items must be submitted to Financial Services:

- A completed Disbursement Request with supporting documents (detailed receipts) must be submitted with the appropriate approval.
- A list of recipients with information listed below, must be attached to the Disbursement Request. Select the appropriate form based on the value of the prize, award, or gift.
- If the recipient information is not available at the time of purchase, the holder must collect the information after the prize, award, or gift is given out, then submit the information to Financial Services within 10 days.

A. Prizes, Awards, & Gifts for ASI Employees

ASI requires a completed Prize, Award, & Gift Form for ASI Employees regardless of the fair market value of the item. Prizes, awards, and gifts are taxable to the ASI employee at any amount. The form will be provided to ASI Payroll, and tax will be withheld from the employee's paycheck based on the value of the item received. It is the employee's responsibility to report the prize, award, or gift as income.

B. Prizes, Awards, & Gifts \$50 or Less

Prize, Award, and Gift form is not required for prizes, awards, and gifts \$50 or less in value; however, for audit purposes, the following information is required for purchases made (this information is not required for promotional items or door prizes):

- a. the recipient's name.
- b. what was given for the purpose.
- c. the date given.
- d. the value (amount) of each prize, award, or gift

C. Prizes, Awards, & Gifts Over \$50

ASI requires a completed Prize, Award & Gift form for all prizes, awards & gifts over \$50 in value.

- a. The Prize, Award & Gift form must be completed with the recipient's name, Bronco ID, address, email, telephone #, employment status, and signature, if over \$50 in value.
- b. Prizes, awards & gifts are reported as taxable income as follows:
 - i. If the recipient is an employee of CPP University, or Foundation, this will be taxed and reported on the employee's W-2 Form if the amount is over \$50.
 - ii. If the recipient is not an employee, a Vendor Data Form is required. 1099 will be issued to the recipient after the end of the calendar year if more than \$600 per year is paid.

A Prize, Award & Gift Recipients form is available from Financial Services to aid in the recording.

Gift Card Decision Tree



Filling in Prize and Award Forms (\$50 or Less)

1. List the first and last name of any recipients of prizes and awards valued at \$50 or less.
2. Describe item that was purchased (*Ex: Starbucks gift card, coffee mug*)
3. State value of item. Please note any item over \$50 will have to be listed on a separate form.
4. Provide date item was awarded.
5. Describe why item was awarded to the recipient (*Ex: fundraiser prize, guest speaker gift*).



Prize, Award & Gift Recipients

(\$50 or Less)

1	Name	Milo Niles	Prize Description	Prism Art Pencils <small>(cash/gift card/etc.)</small>	Prize Value \$	30.00
	Purpose	Games Night Raffle			Date Awarded	07/15/2022
2	Name	Kristen Mora	Prize Description	Water Color Set	Prize Value \$	25.00
	Purpose	Games Night Raffle			Date Awarded	07/15/2022
3	Name	Casey Nguyen	Prize Description	Sketch Book	Prize Value \$	15.00
	Purpose	Games Night Raffle			Date Awarded	07/15/2022
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.

Filling in Prize & Award Forms (\$50 or Over)

1. State the name of the club or organization awarding the prize or award and then the date it was given to the recipient on.
2. Next, describe the item and list the value. The value must be over \$50 for this form.
3. Fill in the recipient personal information such as name, Bronco ID (if CPP Student), address and phone number. Then have the gift recipient sign and date the form.
4. Then, indicate whether the recipient is an ASI employee, Foundation/University employee or not affiliated*.

**Not affiliated individuals must fill out a Vendor Data Record form (Refer to page 34).*



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

Prize/Award Information:

AWARDED BY Sample Club **1** ON 07/15/2022
(department/club) (date)

ITEM DESCRIPTION Amazon Gift Card VALUED AT \$ 100.00
(cash/gift card/etc.) **2**

Please Provide the Following Information: **3**

RECIPIENT NAME: Billy Bronco

EMPLOYEE BRONCO ID: 01234578961
(If applicable)

ADDRESS: 1234 E. Main St.

CITY/STATE/ZIP: Pomona, CA 91750

EMAIL ADDRESS: bbronco@cpp.edu

TELEPHONE NUMBER: (909) 869-2800

RECIPIENT SIGNATURE: Billy Bronco 07/16/2022
DATE

Recipient Status (check at least one box below): **4**

Foundation/University Employee*

**If an employee of Foundation, Philanthropic 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 Foundation, Philanthropic 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.

Raffle Requirements & Procedures

For Raffle requirements and procedures, please ALWAYS visit the California Attorney General's Office website at: <https://oag.ca.gov/charities/raffles>

*We recommend that you watch the "Raffle Webinar" that is posted on this site as it also clarifies how these requirements should be fulfilled in compliance with various legal codes.

What is a Raffle?

According to the Attorney General Office, a raffle is "a type of lottery in which prizes are awarded to people who pay for a chance to win. Typically, raffle tickets are sold and may also be given away. A winning ticket is selected.

Any scheme involving a prize where payment or purchase of something will increase the chance of winning the prize is considered a raffle regardless of what the contest is called, even if there is a free entry option available".

For example: giveaways, add-ons, random drawings, and opportunity drawings may be considered raffles and these contests are subject to Penal Code 320.5 and require registration and reporting to the Registry".

Please note the following:

- 90% of raffle earnings must be used for a charitable purpose.
- 10% of the raffle earnings must be used for related event expenses.

Steps to Holding a Raffle Event

Step 1: Visit the [California Attorney General's website](#) and watch the “**Raffle Webinar**”. Review the [Nonprofit Checklist](#).

Step 2: Complete a **Form CT-NRP-1** (form if located on the Attorney General's website) no later than 120 days prior to your raffle event. Do not submit the form (yet).

*We ask that you prepare this form 120 days in advance, because it could take the Attorney General's Office up to 90 days to process it. The added 30 days will provide your club with plenty of time to register for your raffle event without legal penalty.

Step 3: Either mail the **\$30 registration fee** and the **Form CT-NRP-1** and request reimbursement, via a **Disbursement Request (DR) Form** (using the link provided on our Forms & Instructions [webpage](#)) or simply address the **Disbursement Request (DR) Form** to the following:

**Department of Justice, Office of the Attorney General Registry of Charitable Trusts
P.O. Box 903447 Sacramento,
CA 94203-4470**

The DR attachments must include:

- The completed Form CT-NRP-1
- A flier for the event (with the date visible)
- In the “**Preparer's Comments**” on the cash advance form, please state that this transaction belongs to the raffle registration process.

*For more information regarding our Disbursement Request (DR) policies and procedures, please refer to the “[Disbursement Request](#)” section of this manual.

Step 4: “Obtain confirmation of registration. Upon approval, the Registry of Charitable Trusts will send a letter confirming registration that includes a raffle permit number and expiration date”. Your club will be notified of the letter from the FS office once it arrives.

Step 5: No later than 10-days after the event has taken place, your club must submit any DRs for reimbursement and/or any deposits of earnings generated from the event. This step is very important, because our office must report these expenses and earnings to the Department of Justice, Office of the Attorney General by submitting a **Nonprofit Raffle Report (Form CT-NRP-2)**. Please also note that your club must submit **Prize & Award Forms** for the recipients of the raffle prizes.

**APPLICATION FOR REGISTRATION
NONPROFIT RAFFLE PROGRAM**
(California Penal Code section 320.5)



MAIL TO:
Office of the Attorney General
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

The registration period is September 1 to August 31.

**A CHECK IN THE AMOUNT OF \$30 MADE PAYABLE TO
DEPARTMENT OF JUSTICE MUST ACCOMPANY THIS
REGISTRATION FORM**

(For Registry Use Only)

Proof of California Franchise Tax Board exempt status must be attached to this registration application. This application will otherwise be deemed deficient and returned to the organization.

(For Registry Use Only)

Name of Organization:

Address of Organization:

City or Town, State and ZIP Code:

E-mail Address:

Telephone Number:

Fax Number:

Raffle Registration Number: _____

Provide at least one of the following:

State Charity Registration Number: _____

Federal Employer Identification Number (FEIN):

SOS Corporation Number: C _____

FTB Organization Number: _____

Please list the date your organization first qualified to conduct business in the State of California: _____

Specify the organization's tax - exempt status pursuant to California Revenue and Taxation Code section:

23701a Labor, agricultural, or horticultural organizations

23701g Nonprofit pleasure and recreation clubs

23701b Fraternal beneficiary societies, orders or associations

23701k Religious or apostolic corporations having common or

23701d Religious, charitable, scientific, testing for public safety, literary, educational, amateur sports or prevention of cruelty to children or animals organization

23701l Domestic fraternal societies, orders or associations

23701e Business leagues, chambers of commerce, real estate boards, and boards of trade

23701t Homeowners and associations

23701f Civic leagues, social welfare organizations and local employee organizations

23701w Veterans organizations

Proposed date(s) of raffle(s) [REQUIRED] _____

(month/day/year) (After August 31, a new registration is required.)

By signing this application for registration, I hereby certify all of the following:

Applicant is a nonprofit organization and all information provided on this application is true and correct.

Signature of Authorized Officer or Director Who Prepared This Form

Date

Printed Name of Authorized Officer or Director

Title of Authorized Officer or Director

Definitions:

Award: Something of value given for merit.

Fair Market Value: The price an asset would sell for on the open market. Generally, a purchaser can list the purchase price including sales tax as the value of the prize, award, or gift.

Holder: The person responsible for collecting the recipient's information. This is usually (but not required to be) the person responsible for safeguarding the prize, award, or gift until the item is given out.

Prize: Something of value given to a winner of a contest, competition, raffle (see policy SB 2015-2016:06) or free drawing.

Promotional Items: Items that display the name, logo or other icon identifying ASI and given away to individuals as a gift with no participation. Anyone can receive it without restrictions.

Raffles: Per ICSUAM 15701, raffles are also known as opportunity drawings or basket auction. A raffle is a scheme for the distribution of prizes by chance among persons who have paid money for paper tickets that provide the opportunity to win these prizes. Each ticket is sold with a detachable coupon or stub and both the ticket and its associated coupon or stub are marked with a unique and matching identifier. 90% of raffle revenue must be used for a charitable purpose or program. The law requires charitable organizations to register with the Registry of Charitable Trusts. Registration must be submitted to ASI Financial Services at least 90 days prior to September 1 for each reporting cycle from September 1 to August 31. See Policy SB 20152016:06 for more detail.

Scholarship Award

ASI Fund (account number starting with a “1”) cannot be used to fund scholarships unless the scholarship is part of the scholarship agreement for ASI Student Government. Clubs and organizations, however, can choose to award scholarships out of their Agency accounts (account number starting with a “3”).

To give out a scholarship award, the Scholarship Award Form must be prepared. In addition, the Scholarship Award Form must be attached to a Disbursement Request that’s payable to Cal Poly Pomona University.

Financial Services will process the scholarship disbursement. Due to IRS tax reporting requirements, scholarship disbursements cannot be paid directly to the students. They must go through the Office of Financial Aid & Scholarships and be deposited directly into students’ financial aid accounts.

How to

A Completed Scholarship Award Form includes:

1. The scholarship recipient’s first name, last name, and Bronco ID number.
2. Account number, name of the club/organization, the name of your scholarship, the academic year the scholarship is awarded, the amount of the scholarship award for the first recipient, the total amount of scholarship for all recipients.
3. Check the academic quarter that the scholarship will be disbursed. It is okay to back-award to a previous quarter or the award can be input for the next quarter.
4. A student must have at least 1 unit to receive a scholarship for the quarter awarded. If a student is not attending Cal Poly Pomona (i.e., has 0 units), then the Office of Financial Aid & Scholarships cannot process the scholarship award for that student.
5. An authorized student signer must sign the form.
6. The club advisor must also sign the form.
7. If the scholarship is going to more than one recipient, then attach the second page.

8. Complete the Disbursement Request (*refer to page 31 for detailed explanation of the DR*), making sure that the payee is Cal Poly Pomona University.



SCHOLARSHIP AWARD FORM
ASI AGENCY ACCOUNT



Cal Poly Pomona
 Office of Financial Aid & Scholarships

List the first recipient here. If you have additional recipients for the same account/project number, use the second page "Scholarship Award Form Foundation Account (con't.)" for the rest of the recipients.

BILLY	BRONCO
Student's First Name	Student's Last Name

011234567
Bronco Number

Account / Project Number:	3S0123
Name of Organization:	Sample
Scholarship Name:	Form Design Scholarship
Award Year:	2022-2023
Amount to Award:	\$200.00
Total Amount to be billed to this Account/Project Number:	\$600.00

Quarter(s) to Disburse: Fall Winter Spring Summer

Minimum number of units required for student to receive this award (Must be greater than 0)

Star Niesl	2800
------------	------

Name of Person Preparing Form (please print)	Extension #
--	-------------

Megan Peters	07/25/2022
--------------	------------

Account Authorized Signature (Student)	Date (mm/dd/yy)
--	-----------------

SFAdviso	07/25/2022
----------	------------

Authorized Account Signature (Advisor)	Date (mm/dd/yy)
--	-----------------

If the second page is being used, please sign the second page as well.

This expenditure benefits the educational mission of the CSU and meets the policy requirements of the Education Code Section 89904.6, Section 9.2 Policy on Expenditure of Funds for CSU Auxiliary Organizations. It is, also, in compliance with the University Related Project Agreement.

SCHOLARSHIP AWARD FORM ASI AGENCY ACCOUNT (con't)

If you have more than one student for the **same account / project number**, add the additional students here.

Account / Project Number:

	Bronco #	Student Name	ScholarshipName	Amount	Quarter (F/W/Sp/Su)
2.	011234567	Billy Bronco	Form Design Scholarship	\$200.00	FALL
3.	011234568	Milo Niles	Form Design Scholarship	\$200.00	FALL
4.	011234569	Kristen Mora	Form Design Scholarship	\$200.00	FALL
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
TOTAL for both pages				\$600.00	

Sample Student Authorized Signer
 Account Authorized Signature (Student)
Sample Advisor
 Account Authorized Signature (Advisor)

07/25/2022
 Date (mm/dd/yy)
07/25/2022
 Date (mm/dd/yy)

Revised : 12/23/2015

Purchase Order (P.O.) – Preparer

Refer to Procurement Policy Approved December 1, 2016, for full version

A purchase order (P.O.) is a legal binding contract between ASI and a vendor. P.O.s are widely accepted in the business community. It verifies that funds are encumbered (set aside) from an appropriate account to pay the vendor once the goods and/or services have been adequately provided.

While some vendors require P.O.s and some are willing to provide goods or services without a P.O., it is highly recommended that all clubs and organizations always utilize a P.O. for their fund accounts and encourage the vendor to accept it. This ensures that funds will be available to cover the vendor's invoice. All P.O. Requests (P.O.s) are generally processed **within 3 business days** and handled as requested.

A P.O. does not provide payment to the vendor. After the goods have been delivered or services have been rendered, a DR with an original invoice is to be submitted to OnBase for payment against the PO. Payment will not be made without an original invoice. The only exception is when the services are rendered by either the ASI or the University. Payments will be automatically deducted from the account.

Purchase Order Request Guidelines

A P.O. is required for:

1. Purchases which cost \$5,000 or more, not including tax, for the following funds:
 - a. ASI
 - b. Instructionally Related Activities (IRA)
 - c. Bronco Student Center (BSC)
2. All purchases made from the University, Cal Poly Pomona Foundation, or Associated Students, Inc. (ex. room reservation, Conferences and Events, MDPK prints, etc.) for:
 - a. ASI
 - b. IRA
 - c. BSC
 - d. Agency Accounts

A P.O. is necessary for all services rendered by the Associated Students Incorporated, University or Cal Poly Foundation, regardless of the amount. This includes services provided by ASI

Conference & Events, MDP, Public Safety, Graphics, Kellogg West, Bronco Bookstore, and other Foundation services. To ensure full coverage of CPP University charges, an additional 5% should be added to all estimated charges.

A P.O. is NOT required when a vendor, performer, or artist is contracted for their services. ASI's Performance contracts represent a legal and binding agreement that can be offered to the vendor/performer/artist as a promise to pay. A P.O.R may still be used to encumber the funds to pay the contract.

*For more information regarding Purchase Orders for on-campus vendors, please refer to the following infographic (on the next page).

PURCHASE ORDERS FOR ON-CAMPUS VENDORS GUIDE

Please be sure to submit a Purchase Order (PO) for the following vendors:

01

UNIVERSITY VENDORS

Invoices for University vendors are sent to ASI's accounting team and paid through CPU transactions. These vendors include:

- Bronco Copy'n Mail
- CPP Facilities Planning & Management
- CPP Police & Parking Services
- CPP University Theatre
- Graphic Communication Services

Invoices for CPP Foundation vendors are sent to ASI's accounts payable team and paid through autopay transactions. These vendors include:

- Brew Works
- Bronco Bookstore
- Campus Catering
- Campus Center Market Place vendors
- Centrepointe
- Kellogg West

02

CPP FOUNDATION VENDORS

03

ASI TRANSACTIONS

ASI transactions involve room rentals. Invoices for ASI transactions are sent to ASI's accounts payable team and paid through autopay transactions. These transactions include:

- BSC Room Rentals

*Please note that ALL direct payments to vendors (on-campus or off-campus) that are \$5,000 or greater REQUIRE a PO submission (unless the vendor is a performer, guest speaker, or food cart vendor).

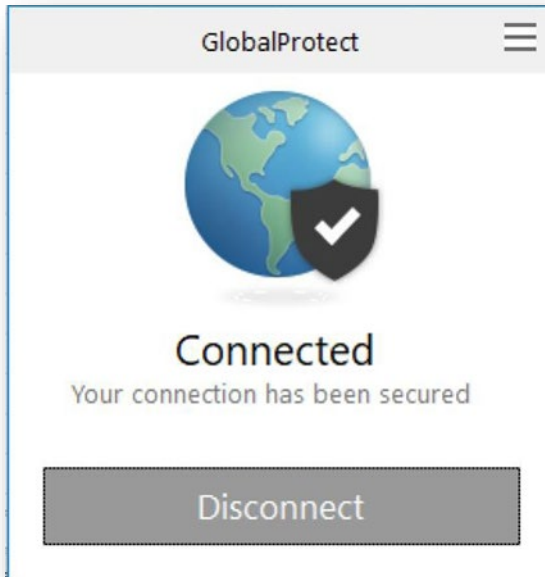
*If a **PO is NOT** submitted for **CPP Foundation**, please attach a copy of the invoice (received from CPP Foundation) to a Disbursement Request (DR) form. If food is involved, we will also need a flier or list of attendees (with the date visible). Address the DR to CPP Foundation (regardless if the vendor is the Bronco Bookstore, an on-campus food vendor, etc.).

Filling in the Purchase Order (P.O.) Form

1. Include the preparer's name, organization's name, preparer's telephone number and/or extension, and preparer's email address.
2. Include the vendor's name, address, and telephone number. The date of the event, if applicable.
3. Review the instructions on how to transmit the completed P.O.
4. Input the account number from which the funds will be held. If you do not know your account number, Financial Services can assist you.
5. Provide justification for purchase/the appropriate budget line-item number for budgeted groups.
6. Specify the quantity and a detailed description of the items or services to be provided.
7. Include the total dollar amount of the P.O., including sales tax and other charges.
8. Request the approval of your student representative, the approval of your advisor, and an authorized signer's email for contact.

Starting PolyDoc – P.O. Preparer

1. **Starting PolyDoc:** Ensure you are connected the Cal Poly Global VPN (Virtual Private Network)



Link to download: https://www.cpp.edu/~geodesign/data_access_vpn_win10.shtml

2. Go to the PolyDoc site the ASI - Purchase Order Request Form link to create a request
[OnBase Purchase Order Link](#)

ASI Financial Services – Forms & Instructions Webpage:
<https://asi.cpp.edu/financial-services/forms-instructions/>

- **Accessing Your Funds**

- [Fundamentals of Club Accounts](#)
- [Disbursement Request Preparer \(OnBase\) | DR Preparer OnBase Instructions](#)
- [Disbursement Request Reviewer \(OnBase\) | DR Reviewer OnBase Instructions](#)
- [Purchase Order Preparer \(OnBase\) | PO Preparer OnBase Instructions](#)
- [Purchase Order Reviewer \(OnBase\) | PO Reviewer OnBase Instructions](#)
- [Gift Card Decision Tree](#)
- [DoorDash Steps | DoorDash Meal Credit Recipient List](#)



3. Please use your regular credentials to log in.



4. Complete the Purchase Order (P.O.) form. Please, refer to the next bullet points which will discuss this process in more detail.

5. Object Code Options (for clubs/IRA/councils):

8000 - General Expenses for Clubs

8288 - In-state travel

8289 - Out-of-State Travel

PURCHASE ORDER REQUEST - Clubs & Organizations

California State Polytechnic University, Pomona



ASICPP

Financial Services

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*
3	3S0123	8211

Account Name / Organization

Sample Club

Description

SUPPLIES & SERVICES - PROGRAM

PURCHASE ORDER REQUEST INFORMATION

Vendor Name *

Cal Poly Pomona Foundation

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

Building 35

Address *

3801 W. Temple Ave.

Address

CAL POLY POMONA 3801 W. Temple Ave Pomona, CA 91768

City *

Pomona

State *

CA

Zip Code *

91768

Phone # (Numbers Only)

9098694268

Date of Event (If applicable)

7/1/2022

JUSTIFICATION FOR PURCHASE: (Limited to 30 Characters)

Purpose / Justification *

Food Boxes for Event

- A. **Budget Line (ASI & IRA):** When reviewing A DR prior to processing, ASIFS staff verify that the transaction matches a line item on the current active budget for each club, organization, and IRA group (any account beginning with “1” for clubs, “4” for IRA groups). Therefore, it is necessary to state the line-item number within this section of the DR (only if an ASI account number is used for the DR).
- B. **Alternate Account Number Section:** If splitting the expense between multiple accounts (that belong to the club), then select “Alt Acct #” beside the transaction.

ORIGINAL DOCUMENTATION AND DESCRIPTION OF PURCHASE (Limited to 30 Characters)					
Quantity *	Description #1 *	Unit Price *	Total Amount	<input type="checkbox"/> Alt Acct #	
50	Sandwich Boxes	10.00	500.00		
Alt Acct #		Alt Obj Code			
Quantity	Description #2	Unit Price	Total Amount	<input type="checkbox"/> Alt Acct #	
			0		
Alt Acct #		Alt Obj Code			
Quantity	Description #3	Unit Price	Total Amount	<input type="checkbox"/> Alt Acct #	
			0		
Alt Acct #		Alt Obj Code			
Quantity	Description #4	Unit Price	Total Amount	<input type="checkbox"/> Alt Acct #	
			0		
Alt Acct #		Alt Obj Code			
Quantity	Description #5	Unit Price	Total Amount	<input type="checkbox"/> Alt Acct #	
			0		
Alt Acct #		Alt Obj Code			
Quantity	Description #6	Unit Price	Total Amount	<input type="checkbox"/> Alt Acct #	
			0		
Alt Acct #		Alt Obj Code			
Quantity	Description #7	Unit Price	Total Amount	<input type="checkbox"/> Alt Acct #	
			0		
Alt Acct #		Alt Obj Code			
Office Use Only			Subtotal		
			500.00		
Office Use Only			Shipping & Handling		
Office Use Only			Tax		
Office Use Only			Total		
			500.00		

6. To attach any supporting documents - scroll down to the Supporting Documents section. Select Attach ASI – Purchase Order Supporting Documents.
 - a. P.O. attachments are typically quotes/estimates.
 - b. DO NOT attach an invoice!
 - c. If you have an invoice, submit a DR, instead with the invoice as an attachment.

Attachment Instructions

You may select the attachment button multiple times to add multiple supporting documents if needed.

If ordering food, must attach: List of anticipated attendees. If a public event, attach flyer listing detail. (10 MB per file limit. If you are unable to submit an attachment please contact ASI for alternative submission methods)

ASI - Purchase Order Supporting Documents

Attach ASI - Purchase Order Supporting Documents

COMMENTS

Preparer's Comments

P.O.s must be submitted with all necessary supporting documentation to be processed.

- A. A completed P.O. will contain a quotation and estimates from the vendor which the goods are being purchased or a service is being provided.

Please note there is a difference between a quotation and an invoice. If the document says “invoice”, a P.O. will not be necessary. Instead, a DR must be filled out.

- B. If the P.O is being used to purchase food, then an event flyer or list of anticipated attendees must be attached as well.

Once a P.O. is turned into OnBase, allow 3 business days to process the official P.O. The actual P.O. may be sent to the vendor or returned to the originator.

After the goods have been delivered or services have been rendered, except for automatic payments to the ASI and the University, an original invoice is to be submitted to Financial Services for payment against the P.O. Payment is not made without an invoice. The invoice must have an approved Disbursement Request (DR) attached referencing the Purchase Order number.

7. Complete this area of the form and submit the P.O.

Preparer's Signature

Preparer	Date	Permanent Email Address *
SKNIESL	07/27/2022	SKNIESL@cpp.edu

Phone Number (Numbers Only) *

9098692800

Do you want to add a second email address? *

Yes No

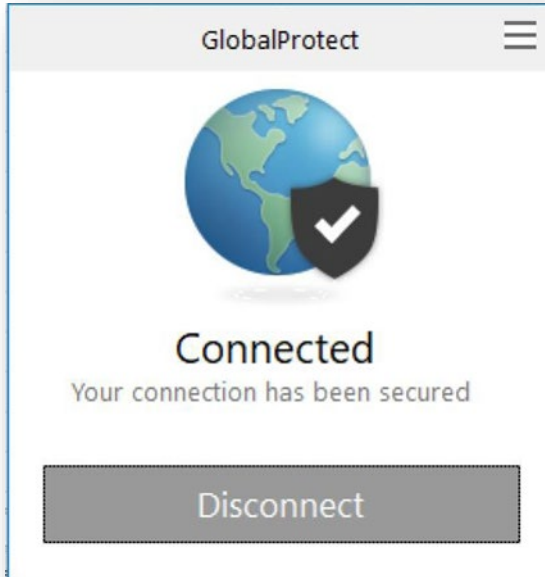
If the vendor is Cal Poly Pomona University, Cal Poly Pomona Foundation, or Associated Students, Inc. (including Bronco Student Center), we authorize the ASI Financial Services Office to deduct the invoice amount directly from our account.*

Save/Submit

8. Once you receive the final invoice for the transaction, please, submit a DR with the invoice as an attachment.

Purchase Order (P.O.) – Reviewer

1. **Starting PolyDoc:** Ensure you are connected the Cal Poly Global VPN (Virtual Private Network)



Link to download: https://www.cpp.edu/~geodesign/data_access_vpn_win10.shtml

2. Go to the PolyDoc Workflow Reviewers Queue:

<https://polydoc.cpp.edu/AppNet/Workflow/WFLogin.aspx?LifeCycleID=173&QueueID=719>

3. Please use your regular credentials to log in.



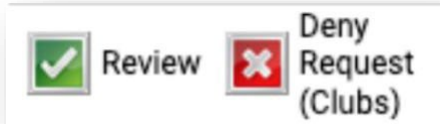
Workflow – P.O. Reviewers Queue

4. You can select a Purchase Order form to view.

The screenshot displays the OnBase workflow interface for a Purchase Order (P.O.) Reviewers Queue. The interface is divided into several sections:

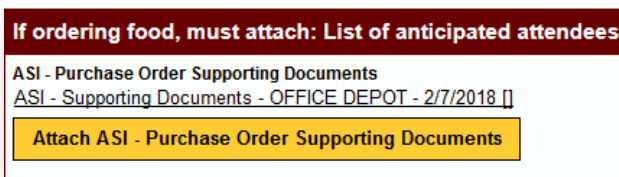
- Header:** Shows the OnBase logo and navigation options like "LIFE CYCLE VIEW" and "WORK FOLDER".
- Table:** A table listing items in the queue. The columns are: STATUS, REQUEST, YN TRAVEL ID, AUTHORIZATION #, DATE TIME, FUND #, DEPARTMENT ID, DEPARTMENT ASI CLUB #, DEPARTMENT NAME, and OR. The table contains three rows of data, with the second row highlighted in blue.
- Form:** A form for signature and approval, divided into sections:
 - Preparer's Signature:** Includes fields for Preparer (MMASLQWSK), Date (05/21/2020), Permanent Email Address (MMASLQWSK@CPP.EDU), and Phone Number (9098693900). It also has a checkbox for "Do you want to add a second email address?" and a checkbox for "I certify that the item(s) above has/have been received and/or services(s) has/have been performed to the satisfaction required.".
 - SIGNATURES / APPROVALS:** A section for signatures and approvals, containing sub-sections for "Advisor / Department Head" and "Authorized Signer".
- Buttons:** A "Save/Submit" button is located at the bottom of the form.
- Footer:** A "0 Note(s)" indicator is visible at the bottom left.

5. Notice that you have Tasks:



6. **NOTE:** Reviewers are notified daily that there are Purchase Order forms in their queue. After three days, if left in the inbox, the Purchase Order Request will automatically route to the Student Engagement, Leadership, and Success Office for review.

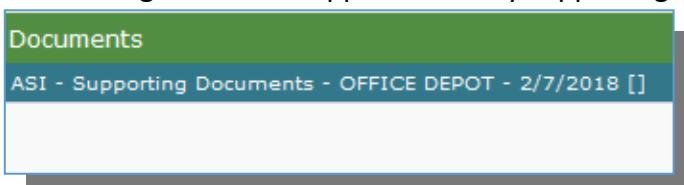
To view an attached Supporting Document(s), select a Purchase Order form and scroll down to the Supporting Documents section. Select the Attached Supporting Document Name to view it.



Or you can right click anywhere on the form and select Cross References.



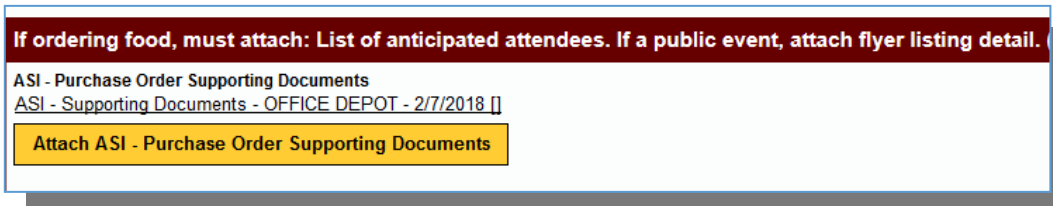
7. A dialog box should appear with any supporting documents. Select one to view.



8. You can also add notes in the Office Only Use section. Once you have added any notes, click on Save/Submit to save the notes.

9. To attach any supporting documents, select a Purchase Order form and scroll down to the Supporting Documents section. Select Attach ASI - Purchase Order Supporting Documents.

A Browse dialog box will appear. Select the supporting documents that you want to attach. Next click on **Save/Submit** to save the attached supporting documents.




10. **Review (Approve):** Selecting this allows you to approve the Purchase Order. The Purchase Order will exit this queue and move to the Finance queue. An Approved email is then sent to the preparer. If you make any changes to the form, you must click on **Save/Submit** to save the changes first.
11. **Request Additional Information:** Selecting this allows you to request supplemental information of the preparer. They will receive an email with instructions to attach this additional information. Please note, once they have submitted this information, you will still have to approve the request for it to be routed to Financial Services.
12. **Deny:** Selecting this allows you to deny the Purchase Order. You will have to add a reason(s) for denying the request in the Reviewer's Comments section, which will be emailed to the preparer. If you forget to add a reason(s), the system will then ask you to type in a reason(s). The Purchase Order form will then exit this queue and move to the messaging queue where a denied email with the reason(s) specified will be included and sent to the preparer at 6:00 pm. From there, the form will exit workflow.

Retrieval – P.O. Reviewers

NOTE: Reviewers can retrieve all forms submitted only for the account number(s) that they are authorized to approve.

To find ASI – Disbursement Request Forms, you can search by name, bronco #, date range, or use any of the keywords provided for the form.

The screenshot shows the 'Document Retrieval' interface. At the top, there's a 'Document' header and a 'Document Retrieval' dropdown. Below that, the 'Document Type Groups' dropdown is set to 'Associated Students Inc'. Underneath, the 'Document Types' section lists 'ASI - Disbursement Request' and 'ASI - Supporting Documents'. Below this are 'From Date' and 'To Date' fields. The 'Keywords' section is expanded, showing various search criteria: YN Travel ID, Authorization Number, Date Time, Fund Number, Department ID, Department Name, Object Code, Description, YN Question, Name, and Address. At the bottom, there's a 'Full-Text Search' field and a toolbar with icons for search, refresh, and other functions.

1. To search select **Associated Students Inc** for the **Document Type Group**. Next click on the Document Type(s) you want to search for. To select more than one document type, you can select ctrl on your keyboard and click on more than document type.
2. Next, select a **Date Range**. Type in the Name. You can use any of the additional keywords to find the disbursement request form.
3. Next click on the Find button  to search. A list should appear based on the keywords that you used to search.

DoorDash Procedures

If your club or organization is hosting a meeting (for example) with food to be served—to maintain a safe socially-distanced experience—ASI is now offering the DoorDash services for such request. Please see the steps below to utilize this service for your department.

STEPS:

1. Cal Poly Pomona student clubs/organizations will submit an OnBase Purchase Order request to utilize this service. On the Purchase Order, they must upload a list of attendees in which the attendees' email, budget amount, and time of event will be required. A template for this can be found on the Financial Services website.
2. Attendees must have a pre-existing DoorDash account to take part in this program. If they do not have one, an account can be created for free. Once they have signed into their account, please navigate to doordash.com/teams/join so that a credit may be properly applied to the account.
3. Using the list provided on the PO request, ASI Financial Services will apply a credit to each program attendee's account. This credit will only be active during the time that the original requestor indicated on the form.
4. On the day of the event, during the specified time, the program attendee can place an order for delivery via DoorDash via their desktop. The credit from the club/organization will be applied to their account for use.
5. At the end of the month, ASI will be invoiced for all meal credits utilized by program participants. Each club/student organization will be billed for their respective events.



DOORDASH MEAL CREDIT - REQUEST

Date of Event: _____

Time window for ordering? _____

Make sure that you are ordering within the time that you specify.

GRAND TOTAL: \$ -

#	Name of Program Participant	CPP Email Address	Meal Budget?	Email Address associated w/DoorDash account
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

Automatic Payment Procedures

The Purpose of Automatic Payments

The Automatic Payment Procedures outlined in this document are intended to provide guidance on the business processes established to help streamline transactions conducted with the Cal Poly Pomona University and ASI Bronco Student Center. The implementation of these new procedures is expected to improve efficiency, reduce lag time in payment processing, reduce the time and cost spent on collection, and increase collection rate.

Payments to ASI (ASI Accounts Receivable)

Service Provider	Conference & Events (C&E) <i>x4452</i> Marketing Design & Public Relations (MDPR), etc. <i>x3473</i>
Customer	Student Clubs & Organizations, Instructionally Related Activities (IRA), and University Departments
Products, Programs, Services	BSC Conference Room Rental Marketing Design & Printing Services Marketing supplies (stakes & sleeves) etc.
Billing Agent	ASI Accounts Receivable <i>Louisa Keyes, Accounts Receivable Vault Cashier, x2846</i>
Payment Agent	ASI Accounts Payable for Student Clubs & Organizations and IRAs <i>Associate Director for Revenue Management, x6859</i> University Accounts Payable for University Departments <i>x6895</i>

Automatic Payment: Service Provider's Responsibilities

- Require all student clubs, student organizations, and IRAs to obtain a purchase order (PO) from ASI to encumber their funds; PO must be signed by the authorized account signer and the email of the authorized signer must be provided.
- Require all University departments to provide the chart field string.
- If the final billing amount of the order exceeds the PO amount, the service provider must request the customer to complete a Disbursement Request.
- Upon implementation of the procedures, notify all customers during the initial transition that their accounts will be automatically deducted.
- If a contract is required, the contract must also be signed by the authorized account signer.
- Provide a summary list of charges detailing the customer's name, account number/chart field string, PO# if applicable, products/services rendered, date of service, and the final billing amount.
- If a summary list of charges is not available, supporting document that contains the same information listed above is also acceptable.

Automatic Payment: Customer's Responsibilities

- Student clubs & organizations, as well as IRAs, are required to submit an ASI P.O. to the service provider when a cost would be involved.
- If the PO amount is less than the final billing amount, the customer must notify ASI Financial Services to increase the PO amount.
- University departments are required to provide a chart field string to the service provider.
- Authorized signer needs to review the final invoice sent via email.
- The final bill will be deducted from the customer's account automatically.
- If the customer disagrees with the charge, the customer needs to contact the billing agent, or ASI Accounts Receivable, within 3 days to make a correction.

Clubs/IRA Groups/Councils: Off-Campus Events & The ASI Travel Packet

Any event that takes place off-campus is considered travel. This interpretation also extends to banquets as of the 2023-24 academic year. Please review these CSU documents when your group contemplates an off-campus event: [\[CSU Travel Procedures\]](#)[\[ASI Travel Policy\]](#) [\[Safer Return Travel Policy\]](#).

Please also review the [Domestic Travel Ban webpage](#) and/or the [International Travel Ban webpage](#) to ensure that your club will not be using ASI Account funds for an off-campus event to a banned area.

All documents related to an off-campus event/travel/banquet must be submitted to ASI Financial Services in accordance with the ASI Travel Policy & Procedures. Non-compliance may result in the inability to reimburse all travel-related costs. In other words, if your group anticipates seeking reimbursement for expenses incurred for the off-campus event/trip/banquet, then all of the following items must be submitted no later than 10-business days prior to the first day of the domestic event, 3-months prior to the international event:

1. An ASI Travel packet
2. A 25Live reservation
3. Any supplementary paperwork required for International Travel.

International travel must be approved by the University prior to any travel taking place. This process may take up to three (3) months. This requirement is in addition to the above stipulation regarding ASI travel forms.

Competitive Sports

ASI funded groups participating in close contact competition and activities shall be required to submit a list of participants and signed waiver and liability release forms [\[Executive Order 1041\]](#) from each participant as well as comply with other requirements to manage the risks involved.

These forms must be submitted prior to the activity (Senate Bill 92-93:06).

*Indicates items that may be funded by the Agency or Donation account

Any student club/organization that plans to reimburse or pay for travel expenses must have each attendee affiliated Cal Poly Pomona fill out an Authorization to Travel Form, Estimated Travel Expense, and a Liability Release Form.

Effective December 15, 2016, all completed travel forms must be submitted to ASI Financial Services at least 10 business days prior to the event. Submissions between 1-9 days prior to the

event will require a memo from the club or organization's advisor/supervisor justifying the late submission. Disbursement Requests for travel and expenses related to the travel will not be processed if completed travel forms are not submitted prior to travel.

Effective June 1, 2021, *essential* out-of-state travel may be allowed if approved by the Dean of students for clubs and organizations or approved by the Provost for IRA groups. ASI Financial Services must receive this form (signed and approved by the advisor) at least 10 business days prior to travel, so please plan accordingly. ***Please note this policy is subject to change and may be revoked at any time in relation to state and county guidelines.***

Clubs: Travel Paperwork Deadlines

ASI Travel Procedures



Before you go...

Student will need to fill out the following forms:



Authorization to Travel
(one per group)



List of Travelers



Release of Liability Waivers
(one per traveler)



Estimated Travel Expense Form
(one per group)



25Live Event Registration Form



Forms must be emailed to asifs@cpp.edu for review.

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.



Itemized receipts



Proof of method of payment



Travel Expense Claim Form signed by advisor



Submit Disbursement Request via OnBase.

In-State & Out-of-State Travel ASI Travel Packet Checklist

- A. ASI Authorization to Travel Form
- B. A List of Travelers
- C. An Estimated Travel Expenses Form
- D. Release of Liability Forms for Each Traveler (both pages must be completed and submitted for every traveler)
- E. For Out-of-State Travel Review to the Domestic Travel Ban Form!
- F. Please refer to the University's policies for travel: [Lodging, Meals & Incidentals](#) before submitting your travel request paperwork.

128

*Failure to submit the **25Live Reservation** and **ASI Travel Packet** within 10-business days of the first day of the off-campus event/trip may result in disciplinary actions, 2-Strike Rule. See the following page for more information on the **2-Strike Rule** for travel.

The Off-Campus/Travel 2-Strike Rule

Strike #1:

ASI Financial Services is notified of a missing or late travel paperwork submission resulting in the issuance of a **One-time Travel Allowance memo**. This memo will be granted to the club/group from the ASI Financial Services office after our staff has had a chance to review your case, and it must be completed and signed by the president as well as advisor by the assigned deadline. Each club/group will only be allotted one of these memos each fiscal year. This memo serves as acknowledgement of ASI's travel policies and procedures, and it is necessary if the club/group would like to process reimbursements or off-campus/travel-related expenses.

Strike #2:

If there is another instance involving a missing or late travel paperwork submission from a club/group that has already received a memo for the current fiscal year, we will not be able to process reimbursements for that off-campus event/trip.

The next page provides an example of one of these memos.



TO:
FROM:
DATE:
SUBJECT: Late Travel Paperwork Allowance

Hello,

It was recently brought to our attention that your club has not been able to submit the ASI Travel Packet within the 10 business day deadline. Your club has been permitted to submit the travel paperwork later than the policy deadline. Please, note that this is a one-time allowance, and that for future off-campus events/trips your club will need to email asifs@cpp.edu the necessary documents as specified within the Smart Spending Manual (see page 69-84 of the attached copy) within the 10 business day deadline in order to receive reimbursement or fulfill invoice payments for off-campus activities. For more information regarding our travel policies please refer to the Smart Spending Manual and the ASI Financial Services Forms and Instructions [webpage](#).

Trip details as they were explained to our department:

- **Event Date Range:**
- **Event Location:**
- **Event Purpose:**

Date ASIFS Received Notice of Trip:

The section below requires the signature of the current President and Advisor of your club.

By signing this document, you acknowledge the travel policy and procedures as outlined on the ASI Financial Service webpage and within the Smart Spending Manual and will fulfill all requirements for off-campus events no later than 10 business days prior to the departure date.

President Print Name: _____

President Signature: _____

Date: _____

Advisor Print Name: _____

Advisor Signature: _____

Date: _____

Best regards,

Star Niesl

ASI Financial Services – Accounts Payable Fund Specialist

P She/Her/Hers

E asipayables@cpp.edu T (909) 869.3937

Filling in the Domestic Authorization Travel Form

1. Give the name of the event, the location being traveled to, and the date(s) of the travel.
2. Account number (Agency, ASI, IRA, BSC) to be charged.
3. Total trip estimate is the cost of the entire event including the cost of each attendee(s) for travel, meals, etc.
4. Provide a detailed description and purpose for the travel.
5. Provide justification as to why this travel is considered essential.
6. Hover over “**25Live**” to submit the Event Registration form.
7. The requestor of the form, or organizer of the travel must list their name and contact information.
8. An advisor/supervisor and ASI Executive Director (for ASI staff only) must approve and sign the form.
9. This form must be emailed to asifs@cpp.edu for further processing.
10. A list of travelers must be attached to this form. Please use as many forms as needed to list all travelers, even if they are not seeking reimbursement.

Filling in the Estimated Travel Expenses*

1. Each club/IRA group/council expecting reimbursement must fill out a form.
2. If airfare is involved, include the Airline Carrier and an estimated total.
3. If lodging is involved, include the confirmation # of the booking, if available. Please refer to the University's policies for travel: [Lodging, Meals & Incidentals](#) before submitting your travel request paperwork.
4. Include any conference/seminar fees that were incurred. An itinerary will be required for conferences will be required for reimbursement submissions after the trip.
5. Include any other expenses not covered in previous sections.
6. If transportation is involved, indicate which modes of transportation will be used or for personal cars, any mileage to be covered. The mileage rate is updated each year, so please refer to the current fiscal year's travel paperwork.
7. If a traveler is requesting a travel advance, include any meals and incidentals and total the amount being requested. Signature of the traveler requesting the travel advance is needed.

Fill in the Release of Liability*

1. Give the name of the event, the location being traveled to, and the date(s) of the travel.
2. Each traveler from Cal Poly Pomona must sign, print, and date their form.

**All travel forms are available on the [ASI website under Financial Services](#) and must be signed and turned in all together to Financial Services to receive a Travel Authorization number to be used when filling in a disbursement request. Please note all signatures must be original (no electronic signatures will be accepted).*



Financial Services

Request for Authorization to Travel Form

Not for ASI Staff

ASICPP

Type of Account

IRA Group

Club/Council

ASI Program/Student Gov

Office use only

TA

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

Sample Club's Annual Maui, Hawaii Retreat

Date (dates) of travel:

July 10 - July 15, 2022

Account code to be charged:

3S0123

Total trip estimate:

\$ 2300.00

Purpose:

Sample Club's annual e-board retreat to Hawaii.

Justification of Essential Travel:

Since the club is dedicated to exploring cultures, environments, and the influence of modern trends on both of the prior two topics. On this trip, the club will hike, visit museums, and observe coral reefs.

Completed **25Live** Event Reservation Requirement?

Yes

No

Requested by:

Student

Billy Bronco

bbronco@cpp.edu

05/23/2022

Name

Email

Date

Approval By:

Advisor

Advisor's Name

Print Name

Advisor's Signature

05/23/2022

Signature

Date

Office Use Only

Account in Good Standing

Sufficient Funding

Completed 25Live Event Reservation Form

Financial Services

Date

Dean of Students

Date

If IRA Group, Provost

A TA number will be emailed to you along with the deadline for travel associated DRs and TEC forms AFTER the ASI Travel Packet has been approved by ASIFS.



Financial Services

List of Travelers

Traveler Name	Student/Staff/Faculty	Email Address
Tuffy Elephant	Student	telephant@cpp.edu
Joe Bruin	Student	jbruin@cpp.edu
Elbee Shark	Student	eshark@cpp.edu
Musty Mustang	Student	mmustang@cpp.edu
Peter Anteater	Student	panteater@cpp.edu
Advisor's Name	Staff	advisorsname@cpp.edu



ASSOCIATED STUDENTS INC.
ESTIMATED TRAVEL EXPENSES

Group Name: Sample Club

Airfare **Total:** \$ 600.00

Airline Carrier: Best Flights Airlines

Departing Airport: Ontario International Airport

Lodging **Total:** \$ 1,000.00

Confirmation # 124536

Hotel Name: Island Views Hotel

Dates Staying: July 10-15, 2022

Fee for Conference / Seminar: **Total:** \$ 0.00

Address: _____

Registration Pre-Deadline: _____

Other **Total:** \$ 200.00

Explanation: Museum fees, tour fees, and hiking fees

Other Transportation: **Total:** \$ 200.00

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

Use of personal car miles x 0.625

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

Meals: **Total:** \$ 300.00

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

Grand Total: \$ 2,300.00

Reminder for ASI Traveler **Amount**
Submit individual Disbursement Requests via OnBase for each ASI traveler requesting Cash Advance

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.

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

PLEASE PRINT TWO-SIDED.

Activity(ies) Maui, Hawaii Annual Retreat

Activity Date(s) and Time(s) July 10-15, 2022

Activity Location(s), Premises or Facility (ies) 123 Palm Tree Ln, Lahaina, Maui, HI 96761

In consideration for being allowed to participate in this Activity(ies) and/or use of the Premises or Facility, 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; 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 and/or Auxiliaries' negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, property damage, or economic or emotional loss I may suffer because of my participation in this Activity(ies), including travel to, from and during the Activity.

I am voluntarily participating in this Activity(ies). I am aware of the risks associated with traveling to/from and participating in this Activity(ies), 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, death and/or property damage. 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(ies), including travel to, from and during the Activity.**

I agree to **hold** the University and/or Auxiliaries **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(ies), including travel to, from and during the Activity. If the University and/or Auxiliaries incur any of these types of expenses, I agree to reimburse the University and/or Auxiliaries. 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 and/or Auxiliaries from all liability, (b) promising not to sue the University and/or Auxiliaries, (c) and assuming all risks of participating in this Activity(ies), including travel to, from and during the Activity.**

ASI Departments: Off-Campus Events & The ASI Travel Packet

Any event that takes place off-campus is considered travel. This interpretation also extends to banquets as of the 2023-24 academic year. Please review these CSU documents when your group contemplates an off-campus event: [\[CSU Travel Procedures\]](#)[\[ASI Travel Policy\]](#) [\[Safer Return Travel Policy\]](#).

Please also review the [Domestic Travel Ban webpage](#) and/or the [International Travel Ban webpage](#) to ensure that your club will not be using ASI Account funds for an off-campus event to a banned area.

All documents related to an off-campus event/travel/banquet must be submitted to ASI Financial Services in accordance with the ASI Travel Policy & Procedures. Non-compliance may result in the inability to reimburse all travel-related costs. In other words, if your group anticipates seeking reimbursement for expenses incurred for the off-campus event/trip/banquet, then all of the following items must be submitted no later than 10-business days prior to the first day of the domestic event, 3-months prior to the international event:

1. An ASI Travel packet
2. Any supplementary paperwork required for International Travel.

International travel must be approved by the University prior to any travel taking place. This process may take up to three (3) months. This requirement is in addition to the above stipulation regarding ASI travel forms.

Competitive Sports

ASI funded groups participating in close contact competition and activities shall be required to submit a list of participants and signed waiver and liability release forms [\[Executive Order 1041\]](#) from each participant as well as comply with other requirements to manage the risks involved.

These forms must be submitted prior to the activity (Senate Bill 92-93:06).

*Indicates items that may be funded by the Agency or Donation account

Any student club/organization that plans to reimburse or pay for travel expenses must have each attendee affiliated Cal Poly Pomona fill out an Authorization to Travel Form, Estimated Travel Expense, and a Liability Release Form.

Effective December 15, 2016, all completed travel forms must be submitted to ASI Financial Services at least 10 business days prior to the event. Submissions between 1-9 days prior to the event will require a memo from the club or organization's advisor/supervisor justifying the late submission. Disbursement Requests for travel and expenses related to the travel will not be processed if completed travel forms are not submitted prior to travel.

Effective June 1, 2021, *essential* out-of-state travel may be allowed if approved by the Dean of students for clubs and organizations or approved by the Provost for IRA groups. ASI Financial Services must receive this form (signed and approved by the advisor) at least 10 business days prior to travel, so please plan accordingly. ***Please note this policy is subject to change and may be revoked at any time in relation to state and county guidelines.***

ASI Departments: Travel Paperwork Deadlines

ASI Travel Procedures



Before you go...

Student will need to fill out the following forms:



Authorization to Travel
(one per group)



List of Travelers



Estimated Travel
Expense Form
(one per group)



Forms must be
emailed to
asifs@cpp.edu
for review.

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.



Itemized receipts



Proof of method
of payment



Travel Expense Claim
Form signed by advisor



Submit Disbursement
Request via OnBase.

In-State & Out-of-State Travel ASI Travel Packet Checklist

- G. ASI Authorization to Travel Form
- H. A List of Travelers
- I. An Estimated Travel Expenses Form
- J. For Out-of-State Travel Review to the Domestic Travel Ban Form!

*Failure to submit the **ASI Travel Packet** within 10-business days of the first day of the off-campus event/trip may result in disciplinary actions, 2-Strike Rule. See the following page for more information on the **2-Strike Rule** for travel.

The Off-Campus/Travel 2-Strike Rule

Strike #1:

ASI Financial Services is notified of a missing or late travel paperwork submission resulting in the issuance of a **One-time Travel Allowance memo**. This memo will be granted to the club/group from the ASI Financial Services office after our staff has had a chance to review your case, and it must be completed and signed by the president as well as advisor by the assigned deadline. Each club/group will only be allotted one of these memos each fiscal year. This memo serves as acknowledgement of ASI's travel policies and procedures, and it is necessary if the club/group would like to process reimbursements or off-campus/travel-related expenses.

Strike #2:

If there is another instance involving a missing or late travel paperwork submission from a club/group that has already received a memo for the current fiscal year, we will not be able to process reimbursements for that off-campus event/trip.

The next page provides an example of one of these memos.



TO:
FROM:
DATE:
SUBJECT: Late Travel Paperwork Allowance

Hello,

It was recently brought to our attention that your club has not been able to submit the ASI Travel Packet within the 10-business day deadline. Your club has been permitted to submit the travel paperwork later than the policy deadline. Please, note that this is a one-time allowance, and that for future off-campus events/trips your club will need to email asipayables@cpp.edu the necessary documents as specified within the Smart Spending Manual (see page 69-84 of the attached copy) within the 10 business day deadline in order to receive reimbursement or fulfill invoice payments for off-campus activities. For more information regarding our travel policies please refer to the Smart Spending Manual and the ASI Financial Services Forms and Instructions [webpage](#).

Trip details as they were explained to our department:

- **Event Date Range:**
- **Event Location:**
- **Event Purpose:**

Date ASIFS Received Notice of Trip:

The section below requires the signature of the current President and Advisor of your club.

By signing this document, you acknowledge the travel policy and procedures as outlined on the ASI Financial Service webpage and within the Smart Spending Manual and will fulfill all requirements for off-campus events no later than 10 business days prior to the departure date.

President Print Name: _____

President Signature: _____

Date: _____

Advisor Print Name: _____

Advisor Signature: _____

Date: _____

Best regards,

ASI Financial Services – Accounts Payable Fund Specialist
E asipayables@cpp.edu

Filling in the Domestic Authorization Travel Form

1. Give the name of the event, the location being traveled to, and the date(s) of the travel.
2. Account number (ASI Department) to be charged.
3. Total trip estimate is the cost of the entire event including the cost of each attendee(s) for travel, meals, etc.
4. Provide a detailed description and purpose for the travel.
5. Provide justification as to why this travel is considered essential.
6. The requestor of the form, or organizer of the travel must list their name and contact information.
7. A supervisor and ASI Executive Director (for ASI staff only) must approve and sign the form.
8. This form must be emailed to asipayables@cpp.edu for further processing.
9. A list of travelers must be attached to this form. Please use as many forms as needed to list all travelers, even if they are not seeking reimbursement.

*The only department required to submit a [25Live Reservation](#) is **Student Government**. This form must be submitted along with the packet no later than 10-business days prior to the event.

Filling in the Estimated Travel Expenses*

1. Each ASI department expecting reimbursement must fill out a form.
2. If airfare is involved, include the Airline Carrier and an estimated total.
3. If lodging is involved, include the confirmation # of the booking, if available. Please refer to the University's policies for travel: [Lodging, Meals & Incidentals](#) before submitting your travel request paperwork.
4. Include any conference/seminar fees that were incurred. An itinerary will be required for conferences will be required for reimbursement submissions after the trip.
5. Include any other expenses not covered in previous sections.
6. If transportation is involved, indicate which modes of transportation will be used or for personal cars, any mileage to be covered. The mileage rate is updated each year, so please refer to the current fiscal year's travel paperwork.
7. If a traveler is requesting a travel advance, include any meals and incidentals and total the amount being requested. Signature of the traveler requesting the travel advance is needed. Please refer to the University's policies for travel: [Lodging, Meals & Incidentals](#) before submitting your travel request paperwork.

Fill in the Release of Liability*

1. Give the name of the event, the location being traveled to, and the date(s) of the travel.
2. Each traveler from Cal Poly Pomona must sign, print, and date their form.

**All travel forms are available on the [ASI website under Financial Services](#) and must be signed and turned in all together to Financial Services to receive a Travel Authorization number to be used when filling in a disbursement request. Please note all signatures must be original (no electronic signatures will be accepted).*



ASICPP

Request for Authorization to Travel Form

For office use only
TA

Prospective Traveler: ASI Department (Example)

Name & Location of Conference/Seminar/Event, etc.:
Instructional/Education Conference in Maui, HI

Date (dates) away from office: 07/20-07/25/2023

Account code to be charged: 9xxxxx

Total trip estimate: 3000

Justification:
To learn those important things one learns at conferences in Hawaii.

Preparer Signature: Billy Bronco Date: 05/30/2023

Email: billybronco@cpp.edu

Approval By:

Supervisor Supervisor's Signature Date: 05/31/2023

ASI Leadership Team Yes No
(For ASI Staff Prof. Development Only)

ASI Executive Director ASI Executive Director's Signature Date: 06/01/2023

If not approved, please indicate why not:

Original: Financial Services
Copy: Traveler

A TA number will be emailed to you along with the deadline for travel associated DRs and TEC forms AFTER the ASI Travel Packet has been approved by ASIFS.

*The ASI Executive Director will need to sign the ASI Travel Packet in addition to the supervisor whenever professional development is involved with the off-campus event/trip.



ASSOCIATED STUDENTS INC.
ESTIMATED TRAVEL EXPENSES

Group Name: Sample Club

Airfare **Total:** \$ 600.00

Airline Carrier: Best Flights Airlines

Departing Airport: Ontario International Airport

Lodging **Total:** \$ 1,000.00

Confirmation #: 124536

Hotel Name: Island Views Hotel

Dates Staying: July 10-15, 2022

Fee for Conference / Seminar: **Total:** \$ 0.00

Address:

Registration Pre-Deadline:

Other **Total:** \$ 200.00

Explanation: Museum fees, tour fees, and hiking fees

Other Transportation: **Total:** \$ 200.00

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

Use of personal car miles x 0.625

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

Meals: **Total:** \$ 300.00

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

Grand Total: \$ 2,300.00

Reminder for ASI Traveler **Amount**
Submit individual Disbursement Requests via OnBase for each ASI traveler requesting Cash Advance

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.



Financial Services

List of Travelers

Traveler Name	Student/Staff/Faculty	Email Address
Person 1	Staff	person1@cpp.edu
Person 2	Staff	person2@cpp.edu
Person 3	Staff	person3@cpp.edu

International Travel

Student organizations traveling outside of the United States are required to complete an International Travel Package as listed below. Required forms and documentation will need to be reviewed and approved by the appropriate departments and staff. All travelers are also required to complete and have approved travel forms and purchase risk management insurance. This can be a long process and will need to be all completed and turned in to Financial Services no later than 3 months prior to departure.

Effective June 1, 2021, *essential* travel may be allowed if approved by the Associate VP/Dean of students for clubs and organizations or approved by the respective college Dean for IRA groups. Next, the form must be approved by VP of Student Affairs for clubs and organizations or approved by the Provost/VP for Academic Affairs for IRA groups. ASI Financial Services must receive this form (signed and approved) at least 10 business days prior to travel, so please plan accordingly. ***Please note this policy is subject to change and may be revoked at any time in relation to state and county guidelines.***

International Travel Packet Checklist:

1. Authorization to Travel Form (per group)
2. Release of Liability Form (per traveler)
3. Authorization for International Travel (one per group)
4. List of Attendees
5. Emergency Contact List
6. Flight and Hotel Information
7. Risk Management Insurance
8. Document Confirming Purpose of Trip
9. Please refer to the University's policies for travel: [Lodging, Meals & Incidentals](#) before submitting your travel request paperwork.

Copy of Advisor's Authorization to Travel on State Business (if Advisor is traveling)

Filling in the International Authorization to Travel Form

The approval process for the Authorization for International Travel form may take several days or even a few weeks. Despite so, the forms and packages need to be completed and fully approved and submitted to ASI Financial Services 3 months prior to departure. Several specific signatures are needed and cannot be substituted with a Universal Signer so plan accordingly!

1. The name of the traveling organization and a primary contact information. The email provided must be checked daily and often throughout the entirety of the trip.
2. Provide a purpose for the travel.
3. Estimate the travel expenses to be incurred and indicate which account(s) the funds will be taken out from.
4. The location where the organization is traveling to. The more specific, the better.
5. Check each of the three links provided and indicate if the country/region that your group is traveling to is listed on any of the high-risk countries lists.
6. Provide detailed information about the organization's flight and lodging accommodations. Please refer to the University's policies for travel: [Lodging, Meals & Incidentals](#) before submitting your travel request paperwork.
7. The name and signature of the student requesting the authorization and the name and signature of an advisor. A Universal Signature cannot be used and will not be accepted.
8. Submit the filled in Authorization for International Travel form to Financial Services to be reviewed. Once the form has been reviewed and approved, the organization will be contacted to pick up the signed form. Then the form is to be submitted to the Associate Vice President for further review and approval.
9. Student travelers are required to have approval and purchase of insurance by Risk Management.

For more information visit the Cal Poly Pomona website under University Risk Management <https://www.cpp.edu/~rms/risk-insurance/insurance/index.shtml>

10. Provide a list of emergency contacts for each traveler. Include a telephone number and email that the contact can be reached at.



For Office Use Only
TA#

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: Sample Club TODAY'S DATE: 05/23/2022

TELEPHONE CONTACT DURING DURATION OF TRIP: (909) 829-2800 EMAIL: advisorsname@cpp.edu

PURPOSE OF TRAVEL: The Sample Club emphasizes exploring diverse cultures and learning more about their arts as well as history. This trip was selected to give the club's members the opportunity to observe these characteristics of Scotland.

FUNDING FOR TRAVEL: ESTIMATED TRAVEL EXPENSE: \$ 4000.00

<u>Sample Club</u>	<u>100123</u>	<u>\$ 3000.00</u>
<small>Account Name</small>	<small>Account Number</small>	
<u>Sample Club</u>	<u>3S0123</u>	<u>\$ 1000.00</u>
<small>Account Name</small>	<small>Account Number</small>	

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

<u>Aberdeen, Scotland</u>	<u>July 10-11, 2022</u>
<small>Country and Cities/Regions</small>	<small>Departure and Return Dates</small>
<u>Edinburgh, Scotland</u>	<u>July 12-14, 2022</u>
<small>Country and Cities/Regions</small>	<small>Departure and Return Dates</small>

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

- High Hazardous List: http://www.calstate.edu/risk_management/rm/documents/CSURMA_HighHazardList.pdf
- War Risk: http://www.calstate.edu/risk_management/rm/documents/CSURMA_HighHazardList.pdf
- U.S. State Department Travel Warning List: <http://travel.state.gov/content/passports/en/alertswarnings.html>

FLIGHT INFORMATION:

<u>Best Flights Airlines</u>	<u>July 10, 2022 5:30 AM (PDT)</u>	<u>3W67H</u>	<u>5J892</u>
<small>Airline Carrier</small>	<small>Departure Date / Time</small>	<small>Flight #</small>	<small>Returning Date / Time</small>

LODGING INFORMATION:

<u>Aberdeen Inn</u>	<u>Inn's Number</u>	<u>1234 E. Hills St, Aberdeen, United Kingdom</u>	<u>July 10-11, 2022</u>
<small>Lodging Facility</small>	<small>Phone Number</small>	<small>Address</small>	<small>Period of Stay</small>
<u>Edinburgh Inn</u>	<u>Inn's Number</u>	<u>5678 N. Main St, Edinburgh, United Kingdom</u>	<u>July 12-14, 2022</u>
<small>Lodging Facility</small>	<small>Phone Number</small>	<small>Address</small>	<small>Period of Stay</small>

REQUESTED BY:

STUDENT: <u>Billy Bronco</u>	<u>Billy Bronco's Signature</u>	<u>05/23/2022</u>
<small>Print Name</small>	<small>Signature</small>	<small>Date</small>
ADVISOR: <u>Advisor's Name</u>	<u>Advisor's Signature</u>	<u>05/23/2022</u>
<small>Print Name</small>	<small>Signature</small>	<small>Date</small>

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.

REVIEWED BY:

ACCOUNT STATUS IN ASI 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

This part of the packet is completed by University and ASI Staff.

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 Destinations:

- 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

LIST OF INTERNATIONAL TRAVELERS

NAME OF STUDENT TRAVELER	18 YEARS OR OVER (Y/N)	EMAIL ADDRESS (you will check when traveling)	EMERGENCY CONTACT NAME	RELATION TO TRAVELER	EMERGENCY CONTACT'S EMAIL AND/OR PHONE
Tuffy Titan	Y	ttitan@cpp.edu	Sample Name	Parent	samplename@domain.com
Joe Bruin	Y	jbruin@cpp.edu	Sample Name	Sibling	samplename@domain.com
Elbee Shark	Y	eshark@cpp.edu	Sample Name	Parent	samplename@domain.com
Musty Mustang	Y	mmustang@cpp.edu	Sample Name	Cousin	samplename@domain.com
Peter Anteater	Y	panteater@cpp.edu	Sample Name	Parent	samplename@domain.com
Advisor's Name	Y	advisorsname@cpp.edu	Sample Name	Spouse	samplename@domain.com

Approval Process:

1. Review by ASI Executive Director – Account Status in ASI Financial Services
2. Review by Associate Vice President/Dean of Students – Registration/Good Standing
3. Review by Vice President/Student Affairs – Registration/Good Standing
4. Required Approval and Purchase of Insurance by Risk Management

Travel Expense Claim (T.E.C.) Form

Submission of the Travel Expense Claim form is required whenever travel expenses have been incurred. Submission of the Travel Expense Claim form validates the travel expenses.

That said, a Travel Expense Claim Form must be submitted along with all associated receipts and proof of payment items via a [Disbursement Request \(DR\) Form](#). Your group/club is responsible for submitting these items by the deadline assigned by the ASI Financial Services office.

If we do not receive DR submissions and/or Travel Expense Claim Forms by the date provided, **our office will assume that no expenses were incurred**, and therefore no reimbursements are owed. Thus, it is very important that your e-board submits these documents on time.

How to

Filling in the Travel Expense Claim (T.E.C.) Form

1. Include your name (the person being reimbursed for travel or who the travel advance check was made out to), email and phone number, address, club name, account number, and travel authorization number which was assigned and given when the travel forms were submitted.
2. The date, location, and purpose of the travel should match the travel forms. Include any important financial remarks or details that came up during the travel.
3. List expenditures by date and by type. Original receipts must be attached.
4. When a personal vehicle was used and mileage reimbursement is being requested, include the miles driven. Attach a Google Map as the supporting document. The mileage reimbursement will automatically calculate using the current IRS standard. If a rental car was used, include original gas receipts, and place the amount under "Misc.". The mileage rate will change each year, so be sure to use the travel forms for the year in which the off-campus event/trip takes place.
5. Total for each line will be automatically calculated. If any payments were made directly from the account previously (direct bill), then put the amount in the "Less: Direct Bill" line. Put the amount of the travel advance received in the "Less: Travel Advance" line. If expenditures exceeded the amount of direct bill and travel advance, the "Claim Total" will be greater than zero. This is the amount of reimbursement that is due the traveler. A disbursement request (DR) for that amount will need to be submitted.
6. Sign to certify that the travel expense claim was verified and is accurate.
7. Obtain the signature of one authorized signer and the signature of the advisor.

Travel Advance

Refer to CSU Travel Procedures and Regulation G-001 (Effective January 2016) for full version

Student clubs and organizations may submit a travel advance **disbursement request** for an event off campus. Travel Advances follow the same process as a disbursement request. Travel forms for each Cal Poly Pomona student attending the off-campus event must be filled out and submitted to Financial Services at least two weeks prior to the event, before the Travel Advance Disbursement Request can be processed. Travel Advance disbursements checks can only be picked up two weeks prior to travel date. Please plan accordingly when requesting a Travel Advance check.

<u>Travel Advance DR Turned In:</u>	<u>Check is Processed:</u>
Thursday by 5:00pm	Following Thursday after 2:00pm

Requesting and Returning a Travel Advance

1. Follow all travel procedures and submit the necessary completed travel forms to Financial Services **at least 2 weeks days prior** to the event. These procedures and forms include:
 - a. Review the travel ban webpages ([Domestic Travel Ban](#) and [International Travel Ban](#)) to make sure that your off-campus event/trip does not occur within a banned state or country. You **CANNOT use ASI account funds when traveling to a banned state or country**; however, if your Agency or Donation accounts have sufficient funds, you may use them in place of your ASI account. You would just need to indicate which account to use (e.g., Agency or Donation).
 - b. [25Live reservation](#) (due no later than 14-business days prior to the first day of the off-campus event/trip).
 - c. [ASI Travel Packet](#) (due no later than 10-business days prior to the first day of the off-campus event/trip).
2. A travel authorization number (e.g., **TA2324-0000**) will be assigned to the off-campus event/trip once the ASI Travel Packet is approved by ASI Financial Services, and your travel advance number (e.g., **TA 0000**) will be provided on the check received for the advance. Keep a record of these two numbers as they will be needed when filling in the travel expense claim form.

3. Submit a [Disbursement Request \(DR\) Form](#) to Financial Services requesting a travel advance. You will be asked if the DR pertains to a cash advance, please select the “Yes” option.
4. No later than 10-business days after the last day of the off-campus event/trip, you will need to submit a return for the travel advance. Please follow the steps below based on the nature of your travel advance return:
 - a. **Travel Expenses Result in an “Overage”**: An “overage” occurs when the off-campus event/trip requires the club to spend more money than the amount provided through travel advance. In this case, please submit the following items for the return via a new Disbursement Request (DR) submission:
 - i. **A Travel Expense Claim Form** (signed by the advisor) that deducts the total of the travel advance received. The claim total **MUST** match the amount requested on the DR. Each person seeking reimbursement should have their own Travel Expense Claim Form attached to their individual DR. Do **NOT** combine reimbursements for multiple travelers on either form.
 - ii. **Itemized receipts** from the purchases related to the off-campus event/trip. If the receipts do not list what was purchased, please submit a [Lack of Itemized Receipt Form](#) (signed by your advisor). Receipts for expenses \$5.00 or less do not need to be provided in the return, but they must be listed in your Travel Expense Claim Form and you must still show proof of payment.
 - iii. **Proof of payment** in the form of a picture of the card used in the transactions or a bank statement. The card must show the cardholder’s name and its last 4 digits (all other information can be covered). For the bank statement, we will need to see the cardholder’s name and the travel-related transactions (please cover all other information). If using Apple Pay, you will need to provide a bank statement because the 4 digits change for each transaction. If cash was used, the receipts must either say “Cash tender” or show the change due back.
 - iv. **Proof of car insurance** (for reimbursements involving mileage **ONLY**). The car insurance must be valid during time of travel. Mileage reimbursements are only available for use of personal vehicles.
 - v. **Screenshot of Google Maps** (for reimbursements involving mileage **ONLY**). The screenshot must show the total miles traveled. Mileage reimbursements are only available for use of personal vehicles.

- b. Travel Expenses Result in an “Funds Remaining from Advance”:** When there are funds remaining from the travel advance, you will need to redeposit those funds back into the account that they came from. To do this, please follow these steps:
- i. Return a Travel Expense Claim Form, all associated receipts, and proof of payment via the travel advance return link that the check recipient should have received through their CPP email when the check was printed.
 1. **A Travel Expense Claim Form** must be signed by the advisor and should deduct the total of the travel advance received from the total of the expenses incurred on the trip. The claim total should show how much money is owed for the deposit.
 2. **Itemized receipts** are still required in the case detailing the purchases related to the off-campus event/trip. If the receipts do not list what was purchased, please submit a [Lack of Itemized Receipt Form](#) (signed by your advisor). Receipts for expenses \$5.00 or less do not need to be provided in the return, but they must be listed in your Travel Expense Claim Form, and you must still show proof of payment.
 3. **Proof of payment** is still required in this case, and it can be in the form of a picture of the card used in the transactions or a bank statement. The card must show the cardholder’s name and its last 4 digits (all other information can be covered). For the bank statement, we will need to see the cardholder’s name and the travel-related transactions (please cover all other information). If using Apple Pay, you will need to provide a bank statement because the 4 digits change for each transaction. If cash was used, the receipts must either say “Cash tender” or show the change due back.
 4. Complete a [Deposit Form](#) and state the travel advance number (e.g., **TA 0000**) on the form. A deposit of funds will be requested for any amount not sufficiently documented (i.e., missing itemized receipts or indicated without proof of payment). So, please make sure that all receipts and proof of payment items are submitted with the return.

- c. **Travel Expenses Use Exactly the Amount Requested in the Travel Advance:** if the amount received in the travel advance spent in full (without an overage), then you would need to do the following:
- i. Return a Travel Expense Claim Form, all associated receipts, and proof of payment via the travel advance return link that the check recipient should have received through their CPP email when the check was printed.
 1. **A Travel Expense Claim Form** must be signed by the advisor and should deduct the total of the travel advance received from the total of the expenses incurred on the trip. The claim total should show how much money is owed for the deposit.
 2. **Itemized receipts** are still required in the case detailing the purchases related to the off-campus event/trip. If the receipts do not list what was purchased, please submit a [Lack of Itemized Receipt Form](#) (signed by your advisor). Receipts for expenses \$5.00 or less do not need to be provided in the return, but they must be listed in your Travel Expense Claim Form, and you must still show proof of payment.
 - ii. **Proof of payment** is still required in this case, and it can be in the form of a picture of the card used in the transactions or a bank statement. The card must show the cardholder's name and its last 4 digits (all other information can be covered). For the bank statement, we will need to see the cardholder's name and the travel-related transactions (please cover all other information). If using Apple Pay, you will need to provide a bank statement because the 4 digits change for each transaction. If cash was used, the receipts must either say "Cash tender" or show the change due back.

A Complete Travel Advance Request Includes:

1. Your account name (club/organization name) and the account number. If you do not know your account number, ASI Financial Services can assist you as long as you are listed as either the advisor, president, scheduler, or treasurer for the club.
2. The recipient/payee's address and method of contact is required.
3. A detailed description of the purpose of the travel advance. Include how much funds are needed, the date of the event and the items the travel advance check will be used for. Provide an **itinerary** if the off-campus event is a **conference**. Screenshots of potential expenses are recommended for travel advances (required for cash advances).
4. The signature of one authorized student's signer (i.e., the president, scheduler, or treasurer) and the signature of your advisor. Include the contact information of the preparer and the position/title of the Reviewer.

*Link to DR section of this manual: [Disbursement Request \(DR\)](#)

*While completing the DR for the Travel Advance, be sure to click on the "Yes" bubble in the area of the form inquiring whether this is a "Cash Advance".

*Electronic submissions of attachments for Cash/Travel Advance Returns ONLY.
Do not submit receipts and proof of payment to our window.

A completed cash advance return contains:

1. Original, detailed receipts of all expenditures. Items purchased with travel advance must be listed on the receipts. Receipts must be visible in PDF or JPEG format.
2. Accounting for all expenditures (ex: an Excel sheet)
3. Any cash advance excess (must be deposited into club account through cash/check).
4. Total receipts and any cash excess must equal original amount of travel advance.
5. The above documentation must be properly submitted within 10 days after the conclusion of the travel.

Travel Advance Guidelines

- A. Travel advances are for purchasing small items for an event. A separate disbursement request is used to request payment for large items.
- B. Only one Travel Advance check can be outstanding at a time per individual.
- C. Original detailed receipts and accounting for all expenditures must be submitted along with any unused funds from the advance.
- D. Back-up documentation must be properly submitted with all supporting documentation no later than 10 days after the event. If not submitted within the 10 days, the club/organization's account is on hold for Cash and Travel Advances and will not be released until the activity report envelope is properly returned to Financial Services.
- E. No unauthorized purchases may be included in accounting of Travel Advance (personal items, side trips, etc.)
- F. The person in charge must submit the Disbursement Request – Additional Information form after all expenditures have been made.
- G. The person who the Travel Advance check is made out to must make all expenditures. If a purchase is made by credit card, the name on the bank statement must match up to the name on the Travel Advance check.
- H. Repeated offenses may ban the organization from advances for the remainder of the year.

Limitations When Using Non-Agency Funds

When purchasing meals during travel, there is a limit per meal on how much the advance can be used for:

Can be used for:	Breakfast	\$13
	Lunch	\$15
	Dinner	\$27
Daily Maximum:		<hr/> \$55

- A. If travel is for a full day or more, allocations can be combined to reach a total meal limit of \$55 per day of travel.
- B. If travel is for a duration beyond one mealtime, allocations in the amount of the two meals can be combined to be used as the total meal limit for the day.

Lost Check

Stop Payment & Check Replacement

Both a **Stop Payment Form** and a **Check Replacement Form** must be completed and emailed to asifs@cpp.edu to reissue and replace a check that may have been lost, never received, or has a misspelled name/address.

How to

Filling in the Stop Payment Form

1. The Account name (club/organization name) and the account number of payer.
2. Check Number, Date Issued, Amount and Payee information can be found on the check. If this information cannot be obtained, Financial Services can assist you.
3. Reason for stopping check payment.
4. Name and Signature should be provided by the payee.



ASI Cal Poly
Pomona

ASSOCIATED STUDENTS, INC.
CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
3801 West Temple Avenue Bldg 35
Pomona, CA 91768
Phone: (909) 869-2800
Fax: (909) 869-6858

STOP PAYMENT FORM REQUEST

1

Name of Group/Club Sample Form Society **Account #:** 3S0123

2

Check Number: 012345 **Date Issued:** 09/30/2020 **Amount:** \$100

3

Payee: Jeff Kappa

Reason for stop payment request: Check not recieved

Name (print): Jeff Kappa

4

Signature: Jeff Kappa **Date:** 10/31/2020

FINANCIAL SERVICES USE ONLY

Stop Date: _____ **Processed by:** _____

Approved: _____ **Date:** _____

Filling in the Check Replacement Form

1. Check Number, Amount, and who it is payable to are found on the check. If this information cannot be obtained, Financial Services can assist you.
2. Check one of the options or provide an explanation for a replacement check.
3. Provide the name, address and contact information of the individual receiving the new check.
4. State your relationship to the payee if you are not the payee.



ASI Cal Poly Pomona

ASI
REQUEST FOR REPLACEMENT CHECK

1 I (We) certify that the check number # 0000001, in the amount of \$ 100 payable to Bob Butler has been:

(Check One)

- Lost
- Stolen
- Destroyed
- Other (Describe below)

2

Note: Replacement Check will be reissued upon verification of Signature on file

Bob Butler

Name of Individual or Organization Officer

3 1234 S. Temple St.

Address

Pomona

CA

91738

City

State

Zip Code

(626)123-4567

Phone Number

Bob Butler

10/20/2020

Signature

Date

EO 1104 Campus Reporting of Fiscal Improprieties | Notification to RSOs

Cal Poly Pomona is committed to the highest ethical standards and to creating an environment where fraudulent and other dishonest acts are not tolerated. As part of an ongoing effort to provide public accountability, the campus president is required to notify CSU and other state officials of certain cases of actual or suspected fiscal improprieties, including issues related to the campus itself and to an auxiliary of the campus. These reporting requirements apply to both state and non-state funds. You may refer to the [CSU Executive Order 1104](#) for more information.

Fiscal improprieties include fraud, embezzlement, or theft, initiated not only by a campus constituent such as a student, university employee, or auxiliary employee, but also by an external party. Actions that result in a loss of assets shall be reported as required, even if the loss is later recovered or reimbursed.

When there is any case of actual or suspected fiscal improprieties, please immediately report it to Director of Internal Audit, Joice Xiong, at (909) 869-3332 or yxiong@cpp.edu. The campus will conduct an inquiry on any complaint, allegation, or possible evidence of fiscal improprieties.