

EPSILON CHI CHAPTER

EXECUTIVE & DIRECTOR REIMBURSEMENT FORM



Updated July 8, 2019

INSTRUCTION. Please fill out the following forms completely and attach all original receipts on the back. Email a digital copy of the forms and receipts to treasurer@csunbap.org. Allow approximately two weeks for your request to be processed.

CONTACT INFO

Your first name and initial	Last name
Home address (number and street)	Apt. no.
City, town or post office, state, and ZIP code	

EXPENSES

Date	Event	Description	Amount	Sponsorships		Treasurer Use Only
				Sponsored (Y/N)	Email Invoice To	Invoice No.
1			\$			
2						
3						
4						
5						
Total			\$	Issued Check No.		

SIGN HERE

I declare that the executive overseeing the above event(s) approved each expense and to the best of my knowledge and belief, the information on this form is true, correct, and complete.

Your signature	Date	Your title	Daytime phone number
Executive's name and signature		Executive's title	

FACULTY ADVISOR, CONTROLLER AND TREASURER USE ONLY

Controller's name	Controller's signature	Date
Treasurer's name	Treasurer's signature	Date
Faculty advisor's name	Faculty advisor's signature	Date

EXPENDITURE REQUEST

***Please complete all forms in black or blue ink. ***

Date: _____

Check or P.O. to be made **payable to:**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Group or dept. name:

Amount Requested: \$ _____

Check one:

- Pick up check at accounting
- Send check via U.S. mail
- Send check via campus mail
Mail Drop # _____
- Other: _____

This Expense is a: Reimbursement with original receipts Personal Service Performed contract
 Payment with invoice Other
 Purchase order that will need to be closed after items are received

Purpose of Request:

(Please explain what this was for, including program name.)

Account number (Type of expense)	Fund number (Agency or budget)	Department number	Project number (kind of program)
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Contact person name: _____

Contact E-mail: _____

Contact Phone #: _____

Current Designated Advisor's Signature **REQUIRED**

Advisor's name: _____

Advisor's signature: _____

Administrative Use Only					
Vendor ID# _____	W-9 Y <input type="radio"/> N <input type="radio"/>	Student Y <input type="radio"/> N <input type="radio"/>	HR Y <input type="radio"/> N <input type="radio"/>	Authorized Signature Verified _____ (Initials)	Reference # _____

Please submit all paperwork to Accounting Services located in USU SW 100
 18111 Nordhoff St., Northridge, California 91330-8350 (818)677-2389 <http://www.csunas.org>

Fall 2019 BETA ALPHA PSI Reimbursement Instructions

If you make personal purchase, please separate the transaction. In other words, 2 separate receipt. **STRICLY NO ALCOHOL.** Ignoring this will result in forfeiture of the reimbursement request.

(Example file for reference and Blank file is attached in this email. Both files can also be found in CANVAS)

STEP 1: Fill out two reimbursement forms. BAP Reimbursement and AS Expenditure

- a) BAP Form: Must itemized expenses with detail descriptions.
- b) A.S. Form: Under Purpose of Request – State Event name and all the Descriptions

STEP 2: Itemize expenses per receipt. (BAP Form)

- a) Example: Date of the transaction, title of the event was made for, description of the purchase, total amount paid per receipt, and state if the expense was sponsored by a firm and indicate which firm.

STEP 3: Original receipts. (Forfeiture of expenditure without original receipt)

- a) Original receipt is needed. (BANK STATEMENT ARE NOT ALLOWED)
- b) Online receipt should include both invoice/receipt and a bank statement. Statement needs to show **full name, last four digits of the credit/debit card** used for the purchase.

STEP 4: Scan both forms and along with the receipts and consolidate it into ONE document and email it to treasurer@csunbap.org

STEP 5: Staple all forms together along with the receipts.

- a) Receipts must be stapled to the bank of the forms in the same order listed in the BAP Form.

STEP 6: Forms must be signed and turned in directly to Garthlee or Supattra.

- a) FOR DIRECTORS: Must be signed by YOUR respective Executive
(If YOUR Executive cannot sign, email the both forms and receipts to your Executive and have him/her inform other Executives to sign as a proxy)
- b) FOR EXECUTIVES: Must get a signature from President (Bernadette).
- c) FOR PRESIDENT: Must get a signature from Faculty Advisor.

Note:

- Consult with your executive if you are unsure whether an item could be reimbursed before purchasing it.
- AS will generally call you once the check is ready for pick up. If for some reason they have not called you, please contact Treasurer (Garthlee Garrovillas) or Controller (Supattra Siridachanon).
- **Please submit reimbursement forms in timely manner. The deadline for submitting a reimbursement form is **1 week** after the event. WE WILL STOP PROCESSING REIMBURSEMENTS ONE WEEK BEFORE FINALS.**
- **Checks are generally ready 2-3 weeks after Treasurer or Controller submits it to Associated Students.**
- **Our weekly drop-offs deadline for reimbursement will be Wednesday. Anything submitted after will be turned in the following week.**

Contact Information:

Garthlee Garrovillas – (323) 449 – 9280
Supattra Siridachanon – (626) 755 – 5228