

Reimbursement Forms

[Financial Services | University Enterprises Corporation | CSUSB](#)

Forms are to be completed, signed, and sent to SPA_Expense@csusb.edu

Disbursement Check Request form are to be submitted when reimbursement is required from the grant for items purchased with personal funds.

- Receipt must be attached to the completed form.

[disburse-check-auth.pdf \(live-csusb.pantheonsite.io\)](#)

DISBURSEMENT CHECK REQUEST

Auxiliary Accounting

5500 University Parkway, San Bernardino, CA 92407
Main (909) 537-7213 Fax (909) 537-7175

ASI PHL SUN UEC

CHECK DISTRIBUTION

Mail Check to Address

Pick up

Extension: _____

Original receipts and invoices must accompany each check request. Reimbursements for each event related expenses, please indicate the purpose of the event, the date, a list of attendees and attach a copy of the invitation or flyer.

Address Change ? Yes No

Payee Name (Please Print)	Date	Phone
Address, City, State, Zip Code		

PEOPLESFT CHARTFIELD

Account	Fund	Dept	Program	Class	Project	Amount
0.00						

Check off the appropriate mission or annotate if not already on the form on how the proposed expenditure will benefit the educational mission of CSUSB. **Please provide a complete description of the item(s) purchased or service(s) provided. (Required on all disbursements).**

<input type="checkbox"/> Student Support <input type="checkbox"/> Capital Campaign <input type="checkbox"/> Cultural Activity <input type="checkbox"/> Other (Please Specify) _____	<input type="checkbox"/> Educational Program <input type="checkbox"/> Technology Development <input type="checkbox"/> Partnership Building	<input type="checkbox"/> Sponsored Program Activities <input type="checkbox"/> Faculty/Staff Development <input type="checkbox"/> Cultivate Donors (Provide attendees)
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Description/Purpose: _____

Prepared by (Please Print)	Phone or Ext	Date
Approved by (Please Print)	Date	

I CERTIFY THAT: this expenditure is for the primary objective and goal of aiding and supplementing the instructional and service activities of CSUSB.

Account Authorized Signature Approval

Auxiliary Use Only

Vendor Number: _____

Voucher Number: _____

Budget Approval: _____

EPLS: Yes- see attached
 No

Accounts Payable turnaround timeframe is 10 business days. AP Rev (01/13)

Hospitality Expense Request

When it is a food related reimbursement a Hospitality expense request form will be required. **(UEC does not use hospitality expense request form)**

In order for Accounts Payable to process the hospitality expense form the following will have to be included along with the completed form:

- Flyer/invitation/ or agenda of event
- List of attendees

[AP Hospitality Expense Form.xls \(live-csusb.pantheonsite.io\)](http://live-csusb.pantheonsite.io)

HOSPITALITY EXPENSE REQUEST

Auxiliary Accounting

5500 University Parkway, San Bernardino, CA 92407
 Main (909) 537-7213 Fax (909) 537-7175

ASI PHL SUN UEC

CHECK DISTRIBUTION

Mail Check to Address

Pick up

Extension: _____

Payable to (Payee Name)	Date	Phone
Home Address, City, State, Zip Code		

PEOPLESFT CHARTFIELD:

Account	Fund	Dept	Program	Class	Project	Amount
Total						0.00

Hospitality Expense (Please attach a separate list if necessary)

Number of Attendees:	Cost Per Person:	Total Cost:
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Check One: Breakfast Lunch Dinner Light Refreshments

Date of Event:	Location of Event:	Official Host/Title:
Title of Event:		
Names of Official Guests/Business Affiliations (Attach a list if necessary. If a spouse or equivalent is attending, please state the name and relationship to host or guest.)		

Event was hosted while traveling on business. (Please submit copy of the Travel Claim Form)

Please check off the appropriate mission or annotate if not already on the form on how the proposed expenditure will benefit the educational mission of CSUSB. **Please provide a complete description of the item(s) purchased or service(s) provided.**

Mission:

<input type="checkbox"/> Student Support	<input type="checkbox"/> Educational Program	<input type="checkbox"/> Sponsored Program Activities
<input type="checkbox"/> Capital Campaign	<input type="checkbox"/> Technology Development	<input type="checkbox"/> Faculty/Staff Development
<input type="checkbox"/> Cultural Activity	<input type="checkbox"/> Partnership Building	<input checked="" type="checkbox"/> Cultivate Donors (Provide attendees)
<input type="checkbox"/> Other (Please Specify)		

Description/Purpose: _____

Prepared by (Please Print)	Phone or Ext	Date
Approved By (Please Print)		

I CERTIFY THAT: this expenditure is for the primary objective and goal of aiding and supplementing the instructional and service activities of CSUSB.

Auxiliary Use Only

Vendor No: _____

Voucher No: _____

Budget Approval: _____

Account Authorized Signature Approval _____ Date _____

Accounts Payable turnaround timeframe is 10 business days.

AP Rev (06/11)