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INTRODUCTION

This handbook has been developed to acquaint you with Foundation administrative policies and procedures. We hope that it will provide you with the necessary information for using Foundation accounting and payroll services. If you find yourself in a situation not covered by this handbook or if you desire further clarification of any policies or procedures, please feel free to contact the Foundation Office located on the fifth floor of the library building, ERC-0518, phone number 213-516-3306. We also welcome any comments or suggestions you may have regarding the format or contents of this handbook.
OVERVIEW

The California State University, Dominguez Hills Foundation was incorporated in 1968 as a nonprofit public corporation within the State of California. It was formed for the purpose of promoting and assisting the educational program of the University. In this regard, the Foundation performs a series of services that are vital to students, faculty, staff and the entire campus community including the oversight of commercial operations on campus, the administration of research and educational grants and contracts of the University, and the fiscal administration of educationally related functions, special programs and specific campus accounts.

The Foundation is governed by an 19-member Board of Directors. Twelve members are drawn from the business community in the region served by the University and the remaining six are students, faculty, and administrators of the University. The Board meets quarterly to conduct Foundation business and utilizes its Executive Committee to act, as necessary, on its behalf in between meetings.

GRANTS AND CONTRACTS

The Foundation provides fiscal administration and support services for both research grants and educational contracts. In most instances, proposals for grants are coordinated for individual faculty members by the Office of Research and Funded Projects with the Vice President, Academic Affairs signing all applications. Once the grants have been awarded, the Foundation enters into a contract with the granting agency to administer the grant in accordance with the terms outlined in the award. In most cases, grants also include indirect costs which are utilized to help defray administrative expenses incurred by both the Foundation and the University. The Foundation currently returns 20% of the indirect costs it earns on administration of grants and contracts to the University (10% for the Foundation Research Awards Program and other research support and 10% for the school which received the award).

COMMERCIAL OPERATIONS

UNIVERSITY BOOKSTORE -- Contracted by the Foundation, the Foundation derives a percentage of store sales from the Contractor.
DINING SERVICES -- Contracted by the Foundation, on campus facilities include a cafeteria and a pub, both located in the university commons. Campus-wide catering is also provided by the Contractor. The Foundation derives a percentage of food sales from the Contractor.

VENDING SERVICES -- Contracted by the Foundation, current operations maintain in excess of 20 machines on campus from which the Foundation derives a percentage of sales.

VELODROME -- The Foundation currently self-operates the 7-Eleven Olympic Velodrome originally built by the Southland Corporation for the 1984 Olympics. The Velodrome has become a prime location for world class cycling events and is used year round for cycling classes and recreational cycling. Additionally, it has become a multi-use facility utilized for non-cycling activities such as a July 4th spectacular, the circus, concerts, festivals and other community events.

Administrative Services

In addition to providing the accounting, computer and financial services for the Foundation's own commercial operations and research grants and educational contracts, the Foundation also provides these services for other University activities including student scholarships, University donations, conferences, workshops and institutes, agency accounts, and University endowments. The Foundation also has a contract with the CSUDH Associated Students to provide accounting, payroll and other administrative services. In most instances, the Foundation maintains a fiduciary responsibility to insure proper expenditure of funds -- and in return, frequently assesses an administrative fee to help defray costs.

As is evident, the CSUDH Foundation is a multi-dimensional organization created by the University to provide a multitude of services. The Foundation provides a significant amount of revenue to the University (known as University Needs) each year to assist in providing much-needed services to the campus, and also returns 20% of indirect costs earned on grants and contracts to the University to sponsor research activities, 10% to the Foundation Research Awards Program and other research support and 10% to the School responsible for generating the indirect cost income.
July 15, 1999

TO: Project Directors and Account Managers

FROM: Kent Gibson
Executive Director

SUBJECT: Administrative Fees on 8-Ledger Accounts

Approximately 10 years ago, an administrative fee structure was developed by the Foundation in order to recover the costs of providing administrative and business services like personnel, payroll, purchasing, accounts payable, reimbursements and other financial transactions. The administrative fee was applied to campus program/agency accounts in the Foundation and charged on a monthly basis. In the Foundation's accounting system, the fee was originally applied only to 9-ledger accounts; now however, based on a study that we completed last year, we find that the same fee must be applied to 8-ledger accounts.

Our study showed that the types of transactions run through 8-ledger accounts were the same as those run through 9-ledger accounts. Transactions like payroll, purchase orders, and check disbursements were run through 8-ledger accounts in about the same frequency as 9-ledger accounts. Since it is necessary for the Foundation to recover the costs of providing the services associated with these transactions from both 8- and 9-ledger accounts, on July 1, 1999, we extended the same administrative fee that we now apply to 9-ledger to 8-ledger accounts.

That administrative fee is: 4% of each disbursement with a maximum of $100 on any one disbursement; a monthly maintenance fee of $4.00; and an additional $5.00 charged for each payroll check disbursed.

It is important to note several points related to the CSUDH Foundation administrative fee: 1) there is no fee placed on deposits, only on disbursements; 2) there is no fee placed on scholarship transactions; 3) the current fee has been at the same level for 10 years and we expect it to continue at that level; 4) the application of the fee is simply to recover the costs of providing services, no "profit" is realized; 5) the fee applies only to campus program or agency accounts (8 and 9 account series) not to grant or contract accounts; and, 6) our fee is one of the lowest in the CSU system (other foundations charge from 7% to 12% of disbursements or deposits).
In order to avoid or reduce the monthly maintenance fee, I encourage you to close any 8-ledger accounts you are not using and, if you have multiple 8-ledger accounts, to consolidate them where possible.

Thank you and please call me if you have any questions or comments regarding the administrative fee.
ACCOUNT DIRECTOR AND APPROVED ACCOUNT SIGNERS

The account director is the person designated as the primary signer on a Foundation account. Each account has only one account director or primary signer. The account director is ultimately responsible for all transactions involving the Foundation account.

Approved account signers are persons designated to approve deposit and withdrawal transactions involving a Foundation account.

An individual must never be an account director or signer on an account receiving funds donated by that individual.

Signature samples for both the account director and all approved account signers must be on file with the Foundation in order to assure valid approval of transactions to Foundation accounts.

If there is a change of account director or approved account signers, a memo must be directed to the Foundation Business Manager stating the changes and a new signature card completed. If the change is a change in account director, the memo must be signed by the outgoing director or the person to whom the outgoing director reported. If the change is a change of approved account signers, the account director must sign the memo.
The Administrative Fee Policy on funds deposited in Foundation accounts was put into effect on October 1, 1989.

All funds deposited with the Foundation (excluding the General and Auxiliary Activities Funds) are placed in one of the following types of accounts. A description of the types of accounts and the corresponding administrative fee charged by the Foundation and interest earned by the accounts is as follows:

1. **AGENCY CAMPUS PROGRAM ACCOUNTS (9000 SERIES)**

These are accounts where the Foundation has only a custodial obligation. For example, most Extended Education accounts are legitimately in the agency fund since they receive funds for services rendered. The key element is that none of the monies received by Extended Education are restricted by the payor. Other examples are monies generated through dues, subscriptions, fees, workshops and conferences.

Agency accounts must never include monies donated to any area of the University which are deposited in the Foundation and where the donor is considering these monies to be a tax deductible contribution. If monies are received and the purpose of the funds is specified in any way, either directly or indirectly, then these funds are restricted. If monies are received for equipment purchases, research, scholarships, departmental expenditures, or even something as general as to bring overall benefit to the University, then these do not belong in agency accounts. Instead these monies need to be deposited into a fund which is more indicative of that purpose. In all cases where monies are donated and the donor expects to take a tax deduction for a contribution to either the University or the Foundation, then these monies must never be placed in an agency account.
(Agency Campus Program Accounts, continued)

ADMINISTRATIVE FEE:

The service performed on Agency Accounts is similar to a bank that offers a non-interest bearing checking account, not a savings account. An administrative fee of 4% is charged on each disbursement (Example: $10.00 check - .40, $100.00 check -- $4.00). The maximum charge on any one disbursement will be $100.00 ($2,500 check). Each Agency Account will also be assessed a flat monthly account maintenance fee of $4.00 per month. Agency Accounts with payroll activity will receive an additional fee of $5.00 per payroll check issued. The combined fees will be charged against the account on a monthly basis. The fee will not be charged if the disbursement is simply a transfer between similar accounts in the same department. If reports are required in addition to the monthly deposit/withdrawal report, then an additional fee may be assessed. No interest is paid on agency accounts.

2. RESTRICTED CAMPUS PROGRAM ACCOUNTS (8000 SERIES)

Accounts that contain funds which have been restricted for a specific purpose (gifts or donations) stated by the supporting agency or donor. Other accounts in this group contain income from endowment funds or gifts to the University Foundation where the donor has specified the purpose or area for which these monies can be spent. The Foundation has a fiduciary responsibility to ensure that expendable restricted funds are spent as specified by the donor. In order for funds to be deposited into an Expendable Restricted Account it is imperative that the deposit is in complete compliance with the University's gift acceptance policy.
(Restricted Campus Program Accounts, continued)

ADMINISTRATIVE FEE:

There is no administrative fee charged on expendable restricted accounts. There will be no interest paid on expendable restricted accounts since they are held on an immediately available cash basis. An exception to this will be an expendable restricted account over $10,000. No interest will be paid on the first $10,000 in any one account. By written request to the Foundation Office to invest a specified amount over the first $10,000 in the account (minimum of $1000 for 60 days), those funds will be invested by the Foundation. To receive full credit for the month, requests need to be received by the 5th of the month. The Foundation will pay that account a quarterly interest allocation on the Foundation's yield less 3%.

3. SCHOLARSHIP ACCOUNTS (6000 SERIES)

Scholarship accounts contain monies donated specifically for scholarships for students of California State University, Dominguez Hills.

ADMINISTRATIVE FEE:

There is no administrative fee charged on scholarship accounts. However, there is no interest paid to the accounts unless the account balance is over $10,000. By written request to the Foundation Office to invest a specified amount over the first $10,000 in the account (minimum of $1000 for 60 days), those funds will be invested by the Foundation. To receive full credit for the month, requests need to be received by the 5th of the month. The Foundation will pay that account a quarterly interest allocation on the Foundation's yield less 3%.
4. **ENDOWMENT ACCOUNTS (7000 SERIES)**

Accounts on which all donors specify that the principal cannot be spent. All interest earned from the Endowment accounts are placed into accounts such as scholarships or instructional support depending upon the donors restriction. Endowment funds are fully invested and are allocated 100% of the earnings from endowment fund investments. Interest Income will be calculated based on the lowest balance of the 15th or the end of the month.

**ADMINISTRATIVE FEE:**

The administrative fee on endowments is equal to 3/4 of 1% of the fiscal year end balance. This fee is deducted from the investment earnings for the quarter ending June 30th. The fee is not to be deducted from the principal. There will not be a fee assessed on endowment deposits made in the final quarter April through June of the Foundation's fiscal year.

5. **DESIGNATED ACCOUNTS (3000 SERIES)**

Monies in these accounts have been designated by the Board of Directors of the Foundation. They are similar to expendable and restricted accounts except that the restriction is internally imposed within the Foundation. If a spending limitation is internally imposed it is a designation. If the limitation is externally imposed outside the Foundation it is a restriction.

**ADMINISTRATIVE FEE:**

There is no administrative fee assessed on the accounts in this category, there is also no interest allocation.
6. **SPONSORED PROGRAMS (5000 SERIES)**

The Foundation has the fiscal responsibility of administering grants and contracts for the University. These funds come to the campus from a variety of sources including Federal, State, and Local government, other foundations, and business concerns.

**ADMINISTRATIVE FEE:**

The administrative fee charged on these accounts is referred to as indirect cost. Indirect cost rates are based on set or negotiated rates, depending on the granting or contracting agency. No interest is paid on Sponsored Program accounts.

**OTHER ADMINISTRATIVE FEE CHARGES**

There is a $10.00 per check charge for checks returned by the bank.

A $5.00 per check fee will be charged for rush handling of accounts payable (hand-typed checks).
CSUDH Foundation Account Holders' Handbook

LIFE CYCLE OF A FOUNDATION ACCOUNT
(Campus Programs, Scholarships, Endowments)

1. CSUDH faculty or staff member contacts the Foundation Business Manager and requests establishment of a Foundation account.

2. The faculty or staff member is then requested to complete a Foundation Account Set-Up Form (FDN #300), and a CSUDH Foundation Signature Card.

3. An account number is assigned upon approval of the set-up form by the Foundation Business Manager. The classification of the account is basically determined by the source of funds and the purpose of the account. The account director is sent a notification of the establishment of the account.

4. Transactions to the account may now begin.

5. If an account director knows an account will be inactive for at least two months (e.g. summer months), he or she may send a written request to the Foundation Business Manager to inactivate the account for that time period to avoid maintenance fees.

6. The account may be closed as follows:

   1. All funds are depleted and the account has been inactive (except for maintenance fees) for three months.

   2. The account director submits a written request to the Foundation Business Manager requesting closure of the account and stating the final disposition of funds (final disposition requested must not be in conflict with information on original set-up form, any donor restrictions or with Foundation policy).

   3. The Foundation Executive Director requests closure of the account.
California State University Dominguez Hills Foundation
Account Set-Up Form

Complete all sections and return to the Foundation Business Manager

Name of Account

School/Division/Area

Account Director

Source of Funds

State the source of the funds for this account (e.g. donations, sales, membership fees, etc.)

Purpose of Account

State the purpose for which the funds will be used

If the funds are for scholarships, state the selection process which will be used to select the recipient(s)

If the funds are for endowment purposes, state the purpose for which the interest earnings will be used

Restrictions on the Use of Funds

I Attach a copy of the letter from the donor
If the source of funds are donations/gifts, state any restrictions on the funds, such as unallowable expenditures or investment requirements.

If the source of funds are donations/gifts, did the donor send a letter regarding the donation?
(circle answer) Yes _____ No _____ If yes, you must attach a copy of the letter to this form.

Available Funds

State the expected dollar amount of funds available for this account

Disposition of Unexpended Funds

If the account is closed for any reason, state where any remaining funds should be transferred. If no location is specified and no donor restrictions exist, the disposition of any funds remaining upon dissolution of the account will be left to the discretion of the appropriate Dean or Vice President

Authorized Signers

I Approve of Dean or Vice President

nature ____________________________ Date ____________________________

<table>
<thead>
<tr>
<th>RN</th>
<th>USE</th>
<th>ONLY</th>
<th>Dept #</th>
<th>Fund</th>
<th>Function</th>
<th>Division</th>
</tr>
</thead>
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<td></td>
<td></td>
<td></td>
<td>Officer</td>
<td>Entity</td>
<td>School</td>
<td></td>
</tr>
</tbody>
</table>

Original - Foundation, Duplicate - Account Director

FDN #30012/90
CSUDH FOUNDATION SIGNATURE CARD

ACCT #_________________________ EFF. DATE __________________________

ACCOUNT NAME ______________________________________________________

AUTHORIZED SIGNATURES:

A
Name (Typed) __________________________ Signature ______________________

B
Name (Typed) __________________________ Signature ______________________

C
Name (Typed) __________________________ Signature ______________________

For restrictions to account, see back of card.

Circle Allowable Expenditures:

Salaries & Wages
Fringe Benefits
Consultants
Supplies

Travel
Stipends
Duplication
Other Direct Costs

If source of funds are gifts or donations AND there are restrictions on the use of funds, please check here O.
ACCOUNT NUMBERS AND OBJECT CODES

Account Numbers

Your account number specifically identifies your account. The first number denotes the type of account as follows (please refer to "Types of Foundation Accounts, Administrative Fees, and Interest" for more detailed information on types of accounts):

- 3000 Series - Designated Fund Account
- 5000 Series - Sponsored Program Fund Account (Grants/Contracts)
- 6000 Series - Scholarship Fund Account
- 7000 Series - Endowment Fund Account
- 8000 Series - Restricted Campus Program Account (Gifts/Contributions)
- 9000 Series - Agency Campus Program Account (Non-gifts/Non-contributions)

Object Codes

Object codes identify what type of income or expense is going into or coming out of your account. Please use the following object codes depending on the type of account you have, unless other arrangements have been made with the Foundation:

<table>
<thead>
<tr>
<th>Account type</th>
<th>Trns: Type</th>
<th>Object Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3000 Series</td>
<td>INCOME</td>
<td>(no income code - funds are designated)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EXPENSE</td>
<td>-8561</td>
<td>Salaries and Wages-'</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-8575</td>
<td>Fringe Benefits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-8690</td>
<td>Withdrawals</td>
</tr>
</tbody>
</table>

3.4.1 [01/91]
## CSUDH Foundation Account Holders' Handbook

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<thead>
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<th>Account type</th>
<th>Trans. Type</th>
<th>Object Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5000 Series</td>
<td>INCOME</td>
<td>(no deposits to income codes for grants/contracts)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EXPENSE</td>
<td>(object codes assigned based on approved budget)</td>
<td></td>
</tr>
<tr>
<td>6000 Series</td>
<td>INCOME</td>
<td>- 6503 Gifts-Corporations/ Business Concerns</td>
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<td></td>
<td></td>
<td>- 6504 Gifts-Alumni Support</td>
<td></td>
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<td></td>
<td></td>
<td>- 6505 Gifts-Non-Company Foundations</td>
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<td></td>
<td></td>
<td>- 6506 Gifts-Non-Alumni, External Groups</td>
<td></td>
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<td></td>
<td></td>
<td>- 6507 Gifts-Miscellaneous</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EXPENSE</td>
<td>-8573 Scholarships</td>
<td></td>
</tr>
<tr>
<td>7000 Series</td>
<td>INCOME</td>
<td>-6503 Gifts-Corporations/ Business Concerns</td>
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<td>-6504 Gifts-Alumni Support</td>
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<td>-6505 Gifts-Non-Company Foundations</td>
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<td></td>
<td>-6506 Gifts-Non-Alumni, External Groups</td>
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<td></td>
<td>-6507 Gifts-Miscellaneous</td>
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<tr>
<td></td>
<td>EXPENSE</td>
<td>(no expense codes - funds are endowed)</td>
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<tr>
<td>8000 Series</td>
<td>INCOME</td>
<td>-6503 Gifts-Corporations/ Business Concerns</td>
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<td>-6504 Gifts-Alumni Support</td>
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<td>-6505 Gifts-Non-Company Foundations</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>-6506 Gifts-Non-Alumni, External Groups</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>-6507 Gifts-Miscellaneous</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EXPENSE</td>
<td>-8561 Salaries and Wages</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>-8575 Fringe Benefits</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>-8147 Other Direct Costs</td>
<td></td>
</tr>
</tbody>
</table>

3.4.2 [01/91]
<table>
<thead>
<tr>
<th>Account type</th>
<th>Trans. Type</th>
<th>Object Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9000 Series</td>
<td>INCOME</td>
<td>-6900</td>
<td>Deposits</td>
</tr>
<tr>
<td></td>
<td>EXPENSE</td>
<td>-8690</td>
<td><strong>Withdrawals</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>-8561</td>
<td>Salaries and Wages</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-8575</td>
<td>Fringe Benefits</td>
</tr>
</tbody>
</table>
MONTHLY STATEMENTS TO ACCOUNT DIRECTORS

Monthly Deposit and Withdrawal statements (Account Director's Reports for Sponsored Program (5000 series) accounts) will be issued to the account director between the 15th and 20th of each month detailing transactions occurring in the previous month.

It is the account director's responsibility to ensure their Foundation account is reconciled on a timely basis. Any problems or discrepancies should promptly be brought to the attention of the Foundation Business Manager.

The monthly statement will be sent only to the account director unless other arrangements are made with the Foundation. The Foundation Business Manager should be notified if additional or other reports are needed. Additional charges may be assessed for these reports.
POLICY ON OVERDRAFTS

The account director is responsible for ensuring that funds are available for requested withdrawals. The Foundation will verify the availability of funds before making any disbursements. Overdrafts on Foundation accounts (withdrawing more funds than available) is not permitted.

**Payroll check requests** (timesheets) submitted on accounts which do not have sufficient funds will not be issued. The Foundation Business Manager or designee will notify the account director if this situation arises. If funds to cover the payroll transactions are not received by the next payroll period, the timesheet will be returned. The account director is responsible for locating funds to pay the individual.

Other withdrawal requests will not be processed unless sufficient funds are available. The account director will be notified if funds are not available for a requested withdrawal. If funds are not received within 10 working days, the request will be returned to the account director.

The Foundation Business Manager should be contacted regarding any questions or problems with overdrafts. If extenuating circumstances exist, a memo containing all pertinent information should be directed to the Foundation Executive Director for review and resolve.
REQUESTING TRANSFERS BETWEEN FOUNDATION ACCOUNTS
(Excluding Sponsored Programs)

To request a transfer of funds between Foundation accounts (excluding sponsored programs), the account director or authorized account signer must write a memo to the Foundation Business Manager. The memo must include the following:

1. The date of the transfer
2. The amount of the transfer
3. The account number - object code from which the funds are coming
4. The account number - object code to which the funds are going
5. The signature of the account director or authorized account signer of the account from which the funds are coming

The Foundation cannot transfer funds from a Foundation account to a University account through the memo process. A check request or purchase order made payable to CSUDH must be generated for this purpose.
FOUNDATION APPROVAL OF PUBLISHED MATERIAL FOR SOLICITING FUNDS

There has recently been much controversy over the deductibility of payments made to charities for fund-raising events. As a charitable institution, the Foundation must ensure that donors are aware of the amount allowable for deduction on their income taxes. If a donor will be receiving a benefit in exchange for a cash donation, we must first determine if the benefit is a token benefit. A token benefit, as currently defined, is such that:

1. The value of all benefits received by the donor does not exceed the lesser of $50 or 2% of the donation.

OR

2. The donation is for $25 or more, the benefit must bear the charity's name and the cost of all benefits to a donor in a one year period must not exceed $5.45.

If the benefit is a token benefit, then the entire donation is deductible by the donor. If the benefit is of value, then we are obligated to inform the donor of the amount of the donation that is not deductible.

To ensure that the Foundation meets its obligation as the responsible fiscal agent informing donors of their correct tax benefits, all material to be published soliciting funds or claiming funds to be donations must be approved by the Foundation prior to solicitation if the funds are to be deposited in a Foundation account. The Foundation will review the material to be published and, based on IRS publication 1391 which includes Revenue Ruling 67-246, determine the amounts that are not deductible by the donor. The amount that is not tax deductible must be stated on the published material. If the entire donation is deductible, the material must state this. It is important that we inform donors as required by IRS guidelines so that our tax-exempt status will not be jeopardized.
Credit card charge and credit slips are available at the Foundation.

All slips must be imprinted with the Foundation's merchant identification number.

The customer's credit card must be imprinted or the credit card number, expiration date, and customer name (address optional) must be written or typed clearly in the top left section of the slip. The date, department, initials, item description, amount, and total sections of the slip must be completed.

The customer must sign at the "X". If the transaction is a phone or mail order, write or type "phone order" or "mail order" in lieu of the customer's signature. The customer's phone number should be written in the space below the signature portion of the slip.

Authorization from the bank card center is required for any transaction of $50 or more. It is recommended that all charges be called in for authorization. The phone number for the authorization center is 1-800-999-0300. The bank center representative will ask for the customer's card number, information regarding the charge, and the Foundation's merchant identification number. The authorization number given by the card center must be written in the "auth. no." section of the slip.

Any incomplete or illegible credit card slips cannot be processed.

Contact the Foundation Accounts Receivable Clerk for any information regarding credit card transactions.
DEPOSIT INSTRUCTIONS

Use CSUDH Foundation Deposit Memo (FDN #200).
1. All deposits, complete Section 1
2. Contributions or gifts, complete Section 2, following the instructions on the memo and attaching the necessary paperwork.
3. Non-contributions/non-gifts, complete Section 3, following the instructions on the memo.
4. All deposits, complete Section 4. Attach an adding machine tape which lists individual amounts and the total for checks. Do the same for credit card slips (Visa/MC). The Total Deposit in Section 4 must equal the Total Contributions/Gifts (Section 2) plus the Total Non-contributions/Non-gifts (Section 3).
5. Make sure the account number - object code is written in the upper right hand corner of all checks and credit card slips.
6. Coin must be wrapped if there is enough to fill a roll (wrappers are available at the Foundation Office). The amount per roll for each coin denomination is as follows:
   - 50 pennies = $.50
   - 50 dimes = $5.00
   - 40 nickels = $2.00
   - 40 quarters = $10.00
7. Bring all completed paperwork along with the deposit to the Foundation Office. The deposit will be verified and a receipt issued.

SUMMARY OF THE REQUIREMENTS FOR A FOUNDATION DEPOSIT:

Contribution/Gift Deposits:
1. Completed Foundation Deposit Memo (FDN #200)
2. Completed Development and University Relations Gift Acceptance Form (white and green copies)
3. Donor letter (original and 1 copy)
4. 2 copies of donor's check(s)
5. Adding machine tape of all checks
6. Adding machine tape of all credit card slips (MC/Visa)
7. The deposit (coin, currency, checks, credit card slips)
   a. Account number - object code written in upper right hand corner of all checks and credit card slips.
   b. Coin wrapped if there is enough to make a roll

Non-contribution/Non-gift Deposits:
1. Completed Foundation Deposit Memo (FDN #200)
2. Adding machine tape of all checks
3. Adding machine tape of all credit card slips (MC/Visa)
4. The deposit (coin, currency, checks, credit card slips)
   a. Account number - object code written in upper right hand corner of all checks and credit card slips.
   b. Coin wrapped if there is enough to make a roll

[11/90]
CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS FOUNDATION
DEPOSIT MEMO

SECTION 1
Date
Deposited by:
Account Name
Contact Name/Ext.

NOTE: Account number - object code must be written in upper right hand corner of all checks and charges. Attach adding machine tape for all checks and charges. Coin must be wrapped if there is enough to fill a roll.

SECTION 2
COMPLETE FOR DEPOSITS OF CONTRIBUTIONS AND GIFTS

For tax reporting purposes, contributions and gifts must be classified by the type of donor. Deposits of contributions and gifts must have the following attached to this memo:

1. Development and University Relations Gift Acceptance Form (white and green copies)
2. Donor Letter (original and 1 copy)
3. 2 copies of donor's check(s)

Specify the purpose of and restrictions on the funds:

List the contribution/gift deposit by account number - object code (list the total for each account number - object code, not by individual donor):

<table>
<thead>
<tr>
<th>Account number</th>
<th>Object Code</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-6503</td>
<td>Gifts - Corporations and Business Concerns</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>-6504</td>
<td>Gifts - Alumni Support</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>-6505</td>
<td>Gifts - Non-Company Foundations</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>-6506</td>
<td>Gifts - Non-Alumni External Groups</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>-6507</td>
<td>Gifts - Miscellaneous</td>
<td>$</td>
</tr>
</tbody>
</table>

Total Contributions/Gifts

SECTION 3
COMPLETE FOR DEPOSITS OF NON-CONTRIBUTIONS/NON-GIFTS

Specify the source of the funds such as ticket sales, membership fees, etc.:

List non-contribution/non-gift deposit by account number - object code (list the total for each account number - object code, not by individual donor):

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Object Code</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-6900</td>
<td>Deposits</td>
<td>$</td>
</tr>
</tbody>
</table>

Total Non-contributions/Non-gifts

SECTION 4
DEPOSIT RECONCILIATION - COMPLETE FOR ALL DEPOSITS

Deposit Memo Distribution:

Coin $ Deposit Memo Distribution:

Currency $ Original - Foundation

Checks (attach adding machine tape) $ Duplicate - Account Director

Total Deposit $ FDN #200 11/90

4.3.2
CHECKS OR CREDIT CARD SLIPS RETURNED BY THE BANK

If a check or credit card slip deposited into an account is returned by the bank for any reason (excluding Foundation error), the account director will be notified and the account will be charged the amount of the returned item plus a $10.00 returned item fee. The Accounts Receivable Clerk will send a notification letter along with a copy of the returned item to the account director. The Foundation will hold all original returned items for safekeeping. The account director may request the return of the original returned item to the payor after collection of the funds or redeposit of the original returned item. In some cases, the bank punches holes in a check to prevent redeposit. If the item is redeposited and is again returned by the bank, the account will be charged the amount of the returned item plus another $10.00 returned item fee.

The account director is responsible for the correction or collection of returned items. If the returned item is due to insufficient funds or the like on the part of the payor, the account director may wish to collect the $10.00 returned item fee in addition to the amount of the returned item from the payor.
EFFECTIVE JANUARY 17, 2001

The CSU Policy and Procedures Governing Travel and Relocation Expense Reimbursement has been revised effective January 17, 2001. The items that have changed are as follows:

MILEAGE REIMBURSEMENT

The Mileage reimbursement rate has increased to 34.5 cents per mile.

MEAL REIMBURSEMENT

The meal reimbursement amounts are increased as follows:

<p>| | |</p>
<table>
<thead>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>$9.00</td>
</tr>
<tr>
<td>Lunch</td>
<td>$12.00</td>
</tr>
<tr>
<td>Dinner</td>
<td>$20.00</td>
</tr>
</tbody>
</table>

The incidental allowance remains at $5.00.

The full text of the Policy is available at http://www.calstate.edu/tier3/HR-Adm/pdf2001/HR2001-02.pdf (the Acrobat Reader must be installed on your computer to read PDF files).

Please contact me via email or on extension 3808 if you have any questions.

-Thank you.

Clifford Ruddick
Accounting Services - Travel
TRAVEL NEWS

ATTENTION! ATTENTION!

NEW TRAVEL REGULATIONS EFFECTIVE 1/17/01

THE MILEAGE REIMBURSEMENT RATE HAS INCREASED TO 34.5 CENTS PER MILE

DAILY MEAL REIMBURSEMENT AMOUNTS ARE INCREASED AS FOLLOWS:

   BREAKFAST       $9.00
   LUNCH           $12.00
   DINNER          $20.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT CLIFFORD RUDDICK IN ACCOUNTING SERVICES AT EXTENTION 3808.
ACCOUNTS PAYABLE CYCLE

Foundation accounts payable checks are issued every Tuesday and Friday by 4:00 p.m. of that day unless interrupted by a holiday schedule or an unavoidable circumstance. Completed paperwork must be received by noon three working days prior to the day checks are to be issued:

<table>
<thead>
<tr>
<th>Paperwork Deadline</th>
<th>Checks Ready for Pick-un</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noon, Thursday</td>
<td>4:00 p.m., Tuesday</td>
</tr>
<tr>
<td>Noon, Tuesday</td>
<td>4:00 p.m., Friday</td>
</tr>
</tbody>
</table>

If there is a problem with the paperwork received (i.e. incomplete, additional signatures required, funds not available, etc.) the check may not be issued on schedule.

If you request a hand-typed check and you cannot wait for the regular check cycle, your account will be charged a $5.00 rush check charge per check in addition to the normal administrative fees.
GENERAL REQUIREMENTS FOR EXPENDITURES

All Foundation expenditure requests are reviewed for completeness and compliance with Foundation policy and procedure. The following is a summary of key factors which are required for disbursements:

1. **Account Number and Object Code** - A valid Foundation account number and the appropriate object code.

2. **Availability of Funds** - Funds must be available in the account for an expenditure to occur.

3. **Original Documentation** - **Original invoices, receipts, and supporting documents are required.** If originals are not available, the following may be accepted at the discretion of the Business Manager:
   a. A legible copy of the original receipt with a brief written explanation as to why the original is not available and a statement that the expenditure is not being reimbursed by any other source.
   b. If no copy is available, the account director should write and sign a brief memo to the Foundation Business Manager referencing the Foundation account number, describing the transaction and amounts involved, stating the reason no original or copy is available, stating that it is a valid and allowable expenditure from the account, and that the expenditure is not being reimbursed by any other source.

If it is necessary to have the original receipts returned, a brief written request should be submitted with the expenditure request. The Foundation will then stamp the receipts as being reimbursed by the Foundation, copy them for our records, and return them as requested.

4. **Explanation of the Expenditure** - A complete description of the item(s) or service(s) being purchased or reimbursed. If not apparent (e.g. food and hospitality expenditures), include a brief explanation as to how the expenditure will benefit the educational mission of the CSU.

5. **Authorized Original Signature** - An authorized account signer must approve the expenditure. The signature must be currently on file in the Foundation Office and the signature must be original (no signature stamps or photocopies). If the expenditure is made to the signer, the signer's supervisor must also sign approval for the expenditure.
SALES TAX LIABILITY FOR PURCHASES

The tax-exempt status of the Foundation only applies to corporate income tax, not to sales tax. With the exception of items purchased for resale and a few other rare transactions, purchases made by any Foundation account are liable for sales tax. A vendor must not be told that a purchase is exempt from sales tax unless it is known that the rare exception exists and written approval has been received from the Foundation Business Manager. Even if the vendor does not include sales tax on the invoice, the Foundation will still be held liable for the sales tax on taxable transactions. Therefore, if sales tax is not charged by a vendor on a taxable transaction, the Foundation will calculate the sales tax amount and charge the account for the invoice amount plus tax.
USE OF OFF-CAMPUS PUBLICATION SERVICE

Campus policy requires the use of the CSUDH Office of Publications for any publications which include flyers, flatsheets, brochures, booklets, posters and newsletters. If a publication cannot be prepared and printed on campus, any off-campus publication service will be honored by the Foundation Office only if the CSUDH Publication Policy review process has been followed and approval/permission from the publications office is attached to a Foundation Purchase Order or Check Request. A sample Publication Routing form follows. Contact the Office of Publications for more information.
USE OF OFF-CAMPUS CATERERS

Campus policy requires the use of the Foundation's food service contractor for any catered function on campus. If the contractor is unable to provide their services or an outside caterer is desired for their unique service, a Request for Exception from Catering Policy (FDN #306) must be completed and approved by the Foundation Office before an outside caterer may be used. A sample of the form follows.
CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS FOUNDATION
REQUEST FOR EXCEPTION FROM CATERING POLICY

<table>
<thead>
<tr>
<th>Department/Campus' Center</th>
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</thead>
<tbody>
<tr>
<td>Name of person requesting exception</td>
</tr>
<tr>
<td>Event name and/or description</td>
</tr>
<tr>
<td>Date of event</td>
</tr>
<tr>
<td>Time of event</td>
</tr>
<tr>
<td>Reason an exception is being requested</td>
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<tr>
<td>Proposed caterer</td>
</tr>
</tbody>
</table>

FOUNDATION USE ONLY

<table>
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<tr>
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<tbody>
<tr>
<td>Date</td>
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<tr>
<td>Signature of Executive Director or Designee</td>
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<tr>
<th>DENIED</th>
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<tbody>
<tr>
<td>Date</td>
</tr>
<tr>
<td>'Reason</td>
</tr>
<tr>
<td>Signature of Executive Director or Designee</td>
</tr>
</tbody>
</table>

Copy distribution: Original - Foundation; Duplicate - Campus Caterer; Triplicate - Department

FDN #306 9/90

5.5.2
PURCHASING POLICY

Expenditure Authority and Documentation

The CSUDH Foundation is fiscally responsible for all expenditures made from any accounts under the control of the Foundation. The Foundation must ensure that all expenditures will benefit the educational mission of the CSU. This responsibility includes expenditures for supplies, equipment, services, stipends, awards, scholarships, and any other type of payment to businesses or individuals. Accordingly, it is the fiduciary responsibility of the Foundation to maintain documentation for expenditures consistent with good business practice and remain in compliance with applicable documentation standards required by Federal, State, and Local governments. Original receipts are required for expenditures unless unavailable, in which case copies or written explanations may be accepted. If the documentation provided is not adequate, the expenditure may be disallowed. All expenditures must be in compliance with Foundation policy, unless an exception is granted by the Foundation Executive Director. Foundation procedures should be followed when any expenditure request is made.

Vendor Selection

The Foundation supports general campus policy for the use of campus vendors whenever feasible. If the use of campus vendors is not feasible, outside vendors may be used. In selecting a vendor, the variables of price, terms, and conditions offered by the vendor should be considered. Generally, price is the most important consideration in vendor selection. In some cases, however, factors such as payment terms, product quality, existing equipment compatibility, and delivery schedules may be equally important.

The Foundation also supports the utilization of small business and minority-owned business sources of supplies and services. Efforts shall be made to allow these sources the maximum feasible opportunity to compete in the procurement process.

Competitive Bidding

The Foundation is committed to a program of active competition in the purchasing process. If purchases (supplies, equipment, or business services) in the amount of $1,000 up to and including $5,000 are considered as a single unit item, a Foundation Purchase Justification Form (FDN #153) must be completed with at least three
verbal quotes and submitted with a Foundation Purchase Order (FDN #156) to support the vendor selection for the purchase. For purchases in excess of $5,000 which are considered as a single unit item, the Purchase Justification Form must be completed with at least three written quotes attached and submitted with a Foundation Purchase Order to support the vendor selection. Purchases in the amount of $1,000 or more from sole source vendors must have a completed Purchase Justification Form submitted with a Foundation Purchase Order to justify the sole source vendor selection. Competitive bidding may be required depending on the source of funds (i.e. granting agency) or can be requested at the discretion of the account director. If competitive bidding is requested or required, a Foundation Invitation For Bid (FDN #154) and Competitive Bid Justification Form (FDN #155) must be completed and Foundation competitive bidding procedures followed.

SUPPLIES AND EQUIPMENT PURCHASES

Purchases of $1000 or more

All purchases in the amount of $1000 or more, including tax and all related charges, must be approved by the Foundation prior to commitment. Accordingly, a Foundation Purchase Order Form (FDN #156) must be submitted to the Foundation prior to making the purchase and in accordance with Foundation procedures.

Purchases of less than $1000

Purchases of less than $1000 can be made on a reimbursement basis, although the pre-approved purchase order method is preferred. A Foundation Check Request (FDN #157) must be submitted in accordance with Foundation procedures.

Purchase Advance

Purchase advances are not allowable except in extreme cases and upon the approval of the Foundation Executive Director. Purchases which require prepayment are allowable with the appropriate original supporting documentation attached to the purchase order or check request.

Title to equipment purchases

Title to all equipment purchases by Foundation Campus Program accounts remains with the department or area which purchased the
equipment. The department or area is responsible for the control and maintenance of the equipment.

Title to all Sponsored Program accounts equipment is given to the University at the end of the grant period if allowed by the granting agency. The grants administrator will tag the equipment and record the equipment in the grant records at the time of purchase. A Foundation Equipment Purchase/Title Transfer Form (FDN #158) will be completed at the time of transfer by the Foundation grants administrator.

Title to equipment purchased by all other accounts remains with the Foundation unless a transfer to the University is approved by the Foundation Executive Director.

BUSINESS SERVICE PURCHASES

Payments to businesses for services equal to or more than $1000

All payments to businesses for services equal to or more than $1000 must be approved by the Foundation prior to commitment. Accordingly, a Foundation Purchase Order Form (FDN #156) must be submitted in accordance with Foundation procedure prior to the performance of the service.

Payments to businesses for services less than $1000

Payments to businesses for services less than $1000 can be made on a reimbursement basis, although the pre-approved purchase order method is preferred. A Foundation Check Request (FDN #157) must be submitted in accordance with Foundation procedures.

Advance payments to businesses for services

Advance payments to businesses for services is not allowable except in extreme cases and upon the approval of the Foundation Executive Director. Payment for business services will be made only after performance of the service. A reasonable down payment or retainer fee can be requested with appropriate supporting documentation.

STIPENDS

The Foundation defines stipends as periodic payments to individuals for allowance purposes, not for the performance of services. Allowances are amounts of money given to allow an individual to
study or conduct research in an effort to further themselves CSUDH scholastically.

Stipend payments will be made after a Foundation Stipend Payment Form (FDN # 162) is submitted and approved in accordance with Foundation procedures.

PRIZES AND AWARDS

Prizes and awards are payments to individuals as a result of a judging or decision. Payment shall be made after a Foundation Check Request (FDN #157) is submitted to the Foundation and approved for payment. Payments to individuals who are employed by the CSUDH Foundation or CSU Dominguez Hills at the time of payment must be paid through the Foundation payroll system.

SCHOLARSHIPS

A scholarship is a gift of money or other aid to help a student. The Foundation has a working arrangement with the CSUDH Financial Aid Office in which payments of scholarships paid directly to the student are processed through the Financial Aid Office. The Financial Aid Office should be notified if a student is to receive a scholarship from funds held by the Foundation. A Foundation Check Request (FDN #157) should then be submitted for payment to CSUDH Financial Aid. Other arrangements for issuing scholarship payments can be arranged with the approval of the Account Director, Foundation Executive Director and Financial Aid.

HONORARIUMS

Refer to CSUDH Foundation Independent Contractor Policy.
PURCHASE JUSTIFICATION FORM INSTRUCTIONS

Use CSUDH Purchase Justification Form (FDN #153)

1. Contact at least three vendors for quotes; for purchases of $1,000 to $5,000, verbal quotes; for purchases over $5,000, written quotes. After all quotes received, select a vendor. Sole source vendors, complete steps 2,3,5 & 6 only.

2. Complete the vendor information for the selected vendor:
   **Vendor name** - complete name of selected vendor
   **Address** - vendor address
   **Phone #** - vendor phone number
   **Total cost quoted** - total cost for item(s) including tax and freight
   **If verbal quote, name of vendor contact** - the name of the person who gave the quote
   **If written quote, attach to this form** - attach the written quote to the justification form

3. Complete selection justification - state the reason the selected vendor was chosen over the other vendors. State considerations such as price, product quality, terms, existing equipment compatibility, etc. which will justify the vendor selection. Indicate if the chosen vendor is a small business and/or minority-owned.

4. Complete other vendor quotes information for at least two other vendors. If more than two other vendors were contacted, list the information on the back of the form:
   **Vendor name** - complete name of selected vendor
   **Address** - vendor address
   **Phone #** - vendor phone number
   **Total cost quoted** - total cost for item(s) including tax and freight
   **Indicate if the vendor is a small business or minority-owned.**
   **If verbal quote, name of vendor contact** - the name of the person who gave the quote
   **If written quote, attach to this form** - attach the written quote to the justification form

5. Attach the completed purchase justification form with any written quotes to a Foundation Purchase Order (FDN #156). The purchase order should be made to the selected vendor. The items on the purchase order must agree to the items quoted and the total cost must be the same as the total cost quoted for the selected vendor.

6. Follow procedures for the Foundation Purchase Order.
For purchases of $1,000 to $5,000, obtain at least three verbal quotes and complete this form.
For purchases over $5,000, obtain at least three written quotes and complete this form.
For sole source vendors, complete vendor information and selection justification sections.
Attach completed form to purchase order along with any written quotes.

**VENDOR INFORMATION SELECTED VENDOR**

<table>
<thead>
<tr>
<th>Vendor name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Phone #</td>
<td></td>
</tr>
<tr>
<td>Total cost quoted</td>
<td></td>
</tr>
</tbody>
</table>

If verbal quote, name of vendor contact

If written quote, attach to this form

**SELECTION JUSTIFICATION**

State considerations such as price, product quality, terms, existing equipment compatibility, etc. which will justify the vendor selection.

<p>| | |</p>
<table>
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<tr>
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<tbody>
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<tr>
<td></td>
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</tr>
</tbody>
</table>

Indicate:

- Small Business ( )Yes ( )No
- Minority-owned ( )Yes ( )No

**OTHER VENDOR QUOTES**

List at least two other vendors contacted for this purchase. If more than two others were contacted, the information may be listed on the back of this form.

<table>
<thead>
<tr>
<th>Vendor name</th>
<th>Vendor #1</th>
<th>Vendor #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total cost quoted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Indicate, if applicable:

- Small Business ( )Yes ( )No
- Minority-owned ( )Yes ( )No

If verbal quote, name of vendor contact

If written quote, attach to this form

***FDN. USE: ONLY*** 1Ra: #
COMPETITIVE BID INSTRUCTIONS

Use CSUDH Foundation Invitation For Bid (FDN #154) and CSUDH Foundation Competitive Bid Justification Form (FDN #155)

1. Complete Invitation for Bid cover sheet (FDN #154 A):
   - **Bid Number** - number assigned by Foundation
   - **Description** - summarize the item(s) going out for bid
   - **Bid closing** - the date and time the bidding ends and bids are due in the Foundation Office
   - **Sealed Bid # Enclosed** - insert the assigned bid number
   - **Signature** - the signature of the account director
   - **Date** - the date of signature, should be the same as the date the bid process is opened
   - **Name** - typed or printed name of account director
   - **Campus Location** - campus office number of the account director
   - **Phone** - complete campus phone number of the account director

2. Complete Key Action Dates (FDN #154 B) - sequential listing of important dates for bid consideration such as bid opening, bid closing, date item(s) to be delivered, installation date, date items to be in complete working order, etc.

3. Complete Description and Minimum Technical Requirements (FDN #154 C) - a detailed listing and explanation of the item(s) out for bid. Must include all desired features and technical requirements.

4. Complete General Specifications and Criteria (FDN #154 D) - a detailed listing and explanation of additional requirements to be included in the purchase such as installation, service, training, instruction manuals, etc.

5. Complete Administrative Requirements (FDN #154 E) - the Foundation has included two administrative requirements. List any other considerations deemed necessary for the purchase.

6. Complete inquiries section of the Bid Response Form (FDN #154 F):
   - **Name** - Name of person on campus the vendor can contact with any questions. Can be account director or person designated by the account director.
   - **Campus Location** - the location on campus of the person named above
   - **Phone** - complete campus phone number where the vendor can reach the campus contact person

6.3.1
7. Insert bid number at the top of all pages of the bid package (FAN #154 A through H).

8. Copy the complete bid package (FAN #154 A through H) and send to at least three vendors who sell the product described in the bid package. A copy must also be forwarded to the Foundation for informational purposes.

9. The Foundation will date all sealed bids received and forward them to the account director or designee.

10. At the close of the bidding period, the account director must review all bids received and select the most appropriate choice based on price, terms, product quality, etc.

11. Complete a Foundation Competitive Bid Justification Form (FAN #155):
   - **Bid Number** - the assigned bid number
   - **Total Number of Qualifying Bids Received** - number of bids received by the closing date and time
   - **Vendor Name** - the complete name of the selected vendor
   - **Address** - vendor address
   - **Phone #** - vendor phone number
   - **Selection Justification** - state the reasons the selected vendor was chosen over the other vendors. State considerations such as price, product quality, terms, existing equipment compatibility, etc. which will justify the vendor selection.
   - **Attach list of vendors** - attach a list of all vendors who were sent the bid package. Include the vendor name, address, phone #, date bid received (N/A if no bid received), and total cost quoted.

12. Attach the completed competitive bid justification form to a Foundation Purchase Order (FAN #156). The purchase order should be made to the selected vendor. The items on the purchase order must agree to the items quoted and the total cost must be the same as the total cost quoted.

13. All bid packages received must be forwarded to the Foundation. The Foundation will keep all bid material received on file for a period of at least one year or as required by individual Foundation account restrictions.

14. Follow procedures for the Foundation Purchase Order.
INVITATION FOR BID

Bid Number: ____________________________

Description: ______________________________

Bid Closing: ______________________________

Date Time

All bids shall be in accordance with the documents included in this bid package. The Bid Response Form, Bid Response Cost Sheet, and Bid Response Compliance must be completed in their entirety and returned in a sealed envelope clearly marked in the lower left corner "Sealed Bid #_____ Enclosed".

It is the vendor's responsibility to ensure that the signed and sealed bid proposal is received in the Foundation Office of California State University, Dominguez Hills (ERC-0518) no later than the bid closing date and time listed above. The vendor may wish to deliver the bid in person to make sure this requirement is met. One day parking permits may be purchased for $1.50 from the machines located at each lot entrance. Vendors are welcome to use the 30 minute parking areas, however violators will be cited. The Foundation assumes no responsibility for delays caused by the United States Post Office or any other mail carrier or the CSUDH mail system.

Questions regarding this bid should be directed to the undersigned prior to the bid closing:

Signature: ________________________________

Date: ______________________

Name: ________________________________

Campus Location: _______________________

Phone #: ______________________________

FDN 154 A 7/90
CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS FOUNDATION

BID #
KEY ACTION DATES

FDN #154 B 7/90
1. Final price should include all costs necessary to provide a fully operational product including, but not limited to, unit prices for separate line items, service contracts, sales tax, delivery/freight charges, training, and manuals/documentation/specs as required.

2. Any increases in cost after the bid is awarded shall be absorbed by the vendor. Any cost not included in the vendor's Bid Response Cost Sheet yet necessary to render a fully functioning product shall be absorbed by the vendor.
BID #_____
BID RESPONSE FORM

In accordance with the Invitation For Bid #_______, this Bid Response Form, Cost Sheet and Compliance is submitted in response to the required key action dates, description and minimum technical requirements, general specifications & criteria, and administrative requirements.

Company Name__________________________________________

Address________________________________________________________________________

City, State, Zip_______________________________________________

Telephone Number__________________________________________

Fax Number________________________________________________

__________________________________________________________
Name of Authorized Official                                    Title

__________________________________________________________
Signature*                                                Date

*Note: This Bid Response Form must be signed by an authorized official of the company submitting the bid. Failure to sign could result in rejection of the bid.

The attached Cost Estimate and Compliance sheets must also be completed. Submit completed forms no later than the specified closing date and time to:

CSUDH Foundation
1000 E. Victoria, Room ERC-0518
Carson, CA 90747

Phone: (213) 516-3306
Fax: (213) 532-2537

Inquiries should be directed to:

Name:____________________________________________________

Campus Location:_________________________________________

Phone #:________________________________________________

FDN #154 F 7/90
The bidder must indicate below if the product or products offered in this bid complies in all aspects with the Invitation For Bid

Yes
No

If the bidder has indicated a "No" response, he/she is to list below in detail, any and all deviations:

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Please provide product literature along with your bid.
Competitive Bid Justification Form

Bid Number: ________________

Total Number of Qualifying Bids Received: ________________________
(Bids received by the closing date and time)

Vendor Selection:

Vendor Name: ____________________________________________

Address: ________________________________________________

Phone #: ________________________________________________

Selection Justification (please give a concise statement as to why this vendor was chosen over the other bidders):
________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________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PURCHASE ORDER INSTRUCTIONS

Use CSUDH Foundation Purchase Order (FDN #156)

NOTE: A FOUNDATION PURCHASE ORDER NUMBER MUST BE OBTAINED BEFORE ANY ORDERS ARE PLACED FOR FOUNDATION ACCOUNTS.

1. Enter current date
2. Enter vendor information:
   - **Name** - vendor name.
   - **Address** - vendor mailing address (P.O. will be sent to this address).
   - **Phone** - vendor phone number.
   - **Contact** - name of vendor contact at phone number listed above.
   - **Federal Tax ID #** - for service purchase orders only, not merchandise purchase orders. Please request this number from your vendor contact for 1099 tax reporting purposes. A service P.O. would include orders to vendors such as florists, printers, photographers, and other businesses whose main function is service rather than merchandise.
   - **Delivery Date** - the date delivery is required or expected.
3. Enter the information necessary for the purchase being made:
   - **Quantity** - number of items being ordered.
   - **Unit** - the basic unit of items being ordered (i.e. each, box, case, etc.).
   - **Description/Justification** - describe the items being ordered as needed for the vendor to complete the order. If the description of the item is not sufficient for the Foundation to be able to justify the purchase as beneficial to the educational mission of the CSU, a short descriptive purchase justification must be included in this section which explains what the item is and states the benefit to the University's educational mission.
   - **Unit Price** - the price per basic unit.
   - **Total Price** - quantity multiplied by the unit price.
   - **Sales Tax** - the sales tax on all the items being purchased. The Foundation is not exempt from sales tax on purchases.
   - **Shipping/Freight** - the total shipping/freight costs associated with the transportation of all items being purchased.
   - **Total** - total cost for all items being purchased including sales tax, shipping and freight.
4. Enter additional information:
   - **Fdn Account #/Object Code** - the Foundation account number to be charged for the purchase and the object code which specifies the type of expense.
   - **Campus Contact Name/Extension** - the name and campus extension of the person whom the Foundation may contact with any questions regarding this purchase order.
Receiving Dept. Deliver to - the campus location to which the CSUDH Receiving Department can deliver the items ordered. If items will not be delivered to CSUDH Receiving, enter "N/A".

5. An authorized account signer must sign the purchase order. An authorized account signer has his or her signature on file with the Foundation office showing that he or she is authorized to sign for transactions concerning their Foundation account (referenced in the additional information section).

6. Bring the completed purchase order to the Foundation office.
- The P.O. will be reviewed and account funds verified.
- An authorized Foundation employee will sign the purchase order upon approval.
- A purchase order number will then be assigned.
- The purchase must be signed by an authorized Foundation employee in addition to an authorized account signer to validate the P.O.
- The Foundation will send the completed and approved purchase order to the vendor unless otherwise instructed.

Special Instructions for Placing Telephone Orders to vendors:
To expedite the ordering process, items may be ordered by phone after a purchase order number is assigned. Steps 1 through 6 must be followed with the following variations:
- If the order will be phoned in to the vendor, the following must be included at the bottom of the Description/Justification section in capital letters "CONFIRMING ORDER - DO NOT DUPLICATE". This will prevent the vendor from shipping a double order.
- The purchase order should be brought to the Foundation and a rush purchase order number requested from accounts payable. The Foundation will accommodate the request as soon as possible.
- If a purchase order number can be assigned immediately, you will be given the goldenrod copy with the P.O. number. If the Foundation is unable to assign a number immediately, you will be given the goldenrod copy without a P.O. number. After the P.O. is approved by the Foundation and assigned a purchase order number, the Foundation will call the campus contact with the purchase order number. The P.O. number should be written on the goldenrod copy of the P.O.
- The account director (or designee) should then call in the order. The vendor must be given the P.O. number.
- The Foundation will mail the confirming order to the vendor unless otherwise requested.
Emergency Purchase Order Numbers
On rare occasions where circumstances warrant such action and with the approval of the Foundation Business Manager or Executive Director, a purchase order number may be given over the phone before the completed paperwork is received. In such cases, the completed P.O. must be delivered to the Foundation office by the next working day.
**PURCHASE ORDER**

CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS FOUNDATION  
1000 E. VICTORIA STREET, CARSON, CALIFORNIA 90747  
(213) 516-3306

---

**Date**  
**Vendor Information:**  
Name  
Address

---

**Vendor deliver to:**  
Receiving Dept.  
CSU Dominguez Hills  
1000 E. Victoria Street  
Carson, California 90747

**Send invoice in duplicate to:**  
CSUDH Foundation  
1000 E. Victoria Street  
Carson, California 90747

---

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Unit / Description / Justification</th>
<th>Unit Price</th>
<th>Total Price</th>
</tr>
</thead>
</table>

---

**Vendor note**  
Two signatures required for valid P.O.

Attach additional sheets if needed  

Additional Information:  
Foundation Account # - O. J Code

(Campus Contact Name/Extension)

---

**Receiving Dept. Deliver to**

---

**Authorized Account Signer**

---

**Foundation Approval**

---

**Copy Distribution:**  
Original White - Vendor  
Green - Fdn A/P  
Canary - Fdn NP Numerical  
Pink - Receiving  
Goldenrod - Account Director

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<table>
<thead>
<tr>
<th>Inv Amt</th>
<th>PEID</th>
<th>Acct Bal</th>
<th>Desc</th>
<th>Ref</th>
<th>Enc PO Ref</th>
<th>Enc. P/F</th>
</tr>
</thead>
</table>

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**FDN #156 7/90**
CHECK REQUEST INSTRUCTIONS

Use CSUDH Foundation Check Request (FDN #157)

1. Enter current date.

2. Enter payee information:
   Name - name to which the check will be made payable
   Address - payee's mailing address if the check is to be mailed, otherwise the address can be left blank. If the check is for an award, prize, scholarship, honorarium, or business service payment and the mailing address is a P.O. box, write the payee's street address to the right of the mailing address (for tax reporting purposes).
   Social Security # - for payments to individuals for awards, prizes, scholarships or honorariums only.
   Federal Tax ID # - the business equivalent to a social security number, for payments to businesses for services only, not merchandise purchases. A service payment would include payments to professionals such as florists, printers, photographers and other service businesses whose main function is service rather than merchandise.

3. Enter expenditure information:
   Payment Amount - the total amount to be paid to the payee.
   Description/Justification - describe what is being paid. If the description is not sufficient for the Foundation to justify the purchase as beneficial to the educational mission of the CSU, a short justification must be included which states the benefit to the University's educational mission.
   Foundation Account Number - Object Code - the Foundation account number to be charged for the expenditure and the object code which specifies the type of expense.

4. Enter additional information:
   Campus Contact - the name, campus location and extension of the person whom the Foundation should contact regarding any questions or problems with the check request.
   Mail/Hold for Pick-up Instructions - indicate what should be done with the check when it is ready.

5. An authorized account signer must sign the check request. An authorized account signer has his or her signature on file with the Foundation office showing that he or she is authorized to sign for transactions concerning their Foundation account (as referenced above).

6. If the payment is a reimbursement to an authorized account signer, the authorized account signer's supervisor must also approve the check request.
7. Attach **original supporting documentation** to the check request. Original supporting documentation consists of original receipts, invoices, etc. which provide audit evidence of a valid expenditure. If an original receipt is not available, a copy must be attached to a sheet of paper with a written explanation as to why the original receipt is not available. If no receipt is available, a sheet of paper with a written explanation and description of the expenditure must be attached. For awards, prizes, and scholarships supporting information such as award notification, selection process, etc. must be attached. If it is necessary to have the original receipts returned, please attach a written request to the check request. The Foundation will then stamp the receipts "Reimbursed by CSUDH Foundation", copy them for our records, and return them.

8. Bring the completed check request to the Foundation office.
- The check request will be reviewed and account funds verified.
- An authorized Foundation employee will sign the check request upon approval.
- The approved check request will be processed for payment according to the following schedule:

<table>
<thead>
<tr>
<th>Paperwork received by Foundation</th>
<th>Checks ready for pick-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noon, Thursday</td>
<td>4:00 p.m., Tuesday</td>
</tr>
<tr>
<td>Noon, Tuesday</td>
<td>4:00 p.m., Friday</td>
</tr>
</tbody>
</table>
CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS FOUNDATION
CHECK REQUEST

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee Information:</th>
<th>Paperwork Deadline:</th>
<th>Checks Ready for Pick-up:</th>
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<tr>
<td></td>
<td></td>
<td>Noon, Tuesday</td>
<td>4:00 p.m., Friday</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payee Information:</th>
<th>ATTACH ORIGINAL SUPPORTING DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

Social Security #   | ........................................... (For awards, prizes, scholarships, and honorariums only) |
Federal Tax ID #     | ........................................... (For business services only) |
Payment Amount $    | ....................................................................... |

Description / Justification: 
........................................................................................................
........................................................................................................
........................................................................................................

Foundation Account Number - Object Code .................................................

Authorized Account Signer ................................................................. Foundation Approval

Payee’s Supervisor 
(for reimbursements to authorized account signers only)

ADDITIONAL INFORMATION -

For any questions/problems regarding this check request, the Foundation should contact:

Name: 
Campus Location: 
Campus Extension: 

When the check is ready, the Foundation should:

- Mail check to address listed 
- Call __________________ at ext. ________ (name) 
- Other (please explain): 

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<th>FDN</th>
<th>Amt</th>
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<tr>
<td>ONLY</td>
<td>Ref Date</td>
<td>Acct Bal</td>
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</table>

Copy Distribution: 
Original - Foundation
Duplicate - Account Director

FDN #157 3/91
STIPEND CERTIFICATION AND PAYMENT REQUEST INSTRUCTIONS

Use CSUDH Foundation Stipend Certification and Payment Request (FUN #162)

1. Enter date of request

2. Enter payee information:
   - **Payee Name** - the legal name of the payee
   - **Address** - the residential address of the payee
   - **Social Security #** - the payee's social security number

3. Enter the Foundation Account Number - Object Code. This is the Foundation account number to be charged for the expenditure and the object code which specifies the type of expense.

4. List the requirements necessary to receive payment. An additional sheet may be attached if necessary.

5. State payment information:
   - List the disbursement date and the corresponding amount for the stipend payment(s). If payee is to receive more than twelve disbursements, another stipend form must be completed.

6. The stipend recipient (payee) must sign the stipend recipient certification. The stipend payment may be considered taxable income by the IRS. Payee should consult a qualified tax accountant if they are unsure as to the tax consequences of the payments.

7. The account director must sign the account director certification.

8. Forward the completed form to the Foundation Office for processing and payment.
CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS FOUNDATION
STIPEND CERTIFICATION AND PAYMENT REQUEST

Date 
Payee Name 
Address 
Social Security # 
Foundation Account Number - Object Code 

Requirements
List requirements necessary to receive payment:

Payment Information
Indicate:
Call when ready (name/ext) ________________________ 
Mail to address listed above ______________________

Stipend Recipient Certification
I certify that I have met/will meet the necessary requirements to receive the stipend payments listed above. I understand that these payments may be considered taxable income by the IRS and that I am liable for any local, state or federal taxes due. I understand it is my responsibility to consult a qualified tax accountant to determine the consequences of these payments.

Stipend Recipient's Signature ______________________ Date ______________________

Account Director's Certification
I certify that the stipend recipient listed above has met/will meet all the necessary requirements to receive the stipend payments as indicated.

Account Director's Signature ______________________ Date ______________________

FDN 'PE ID
USE Acct Bal

Copy distribution: Original - Foundation; Duplicate - Account Director;
Triplicate - Recipient

FDN #162 9/90
July 11, 2000

TO: Dawn Shimizu  
Director, Business and Finance

FROM: Kent Gibson  
Executive Director

SUBJECT: Hospitality Policy

Please refer to the enclosed Hospitality Policy that has been issued in draft form by the Chancellor's Office.

We should be following this policy when we approve the expenditure of funds for hospitality and public relations events. The policy will apply to Board allocations to the President, Vice Presidents, college and school deans, as well as to agency funds, campus program accounts, and the general fund of the Foundation. For our grant and contract programs, sponsor agency policies are normally very restrictive any way with respect to hospitality, so the sponsor agency policies should apply. Refer also to my May 15, 1998 memorandum on this subject which I widely distributed to principal investigators, project directors and account managers.

Please make sure that our Foundation purchasing and accounts payable staff adhere to these policies.

Thank you.

c: Sue Nichols, Director, Grants and Contacts Administration  
Richard Chester, Director, Commercial Services
ITEM 6

Hospitality Policy

ISSUE In response to concerns regarding the use of funds to provide hospitality (food, beverages, gifts, promotional items), the following draft policy has been prepared for use by the Chancellor's Office. This draft is being provided for discussion purposes and to determine if there is a need to develop a systemwide policy applicable to the provision of hospitality.

Subject

Hospitality, Expenses For

Policy

Hospitality may be paid with university funds to the extent that the purchase and use of these items is consistent with the mission and fiduciary responsibilities of the university. This policy applies to activities that promote the university to the public and the provision of hospitality in connection with official university business and specifies the university funds that may be used for such purposes.

Authority

California Constitution, Article 16, Section 6; California Code of Regulations, Title V, Division 5, Chapter 1, Subchapter 5, Article 1; Sections 41600, 41601; California Education Code Sections 66600, 89030, 89035, 89044; HR 96-11.

Supercedes

Effective Date

Contact
Director of Accounting, Office of the Chancellor

Definitions

Approving Authority - a person to whom authority has been delegated in writing to approve expenses in accordance with university policy.

Award – a gift of tangible personal property in recognition of service or achievement directly benefiting the university.

Gift – something of value given or bestowed upon an individual, group, or entity with the expectation of benefit accruing to the university.

Hospitality - the provision of meals (catered or restaurant) or light refreshments (beverages, hors d'oeuvres, pastries, cookies, etc.), promotional materials, gifts, and travel expenses of official
guests of the university. Hospitality includes expenses for activities that promote the university to the public, usually with the expectation of benefits accruing directly or indirectly to the university and may include the provision of gifts, awards, and promotional materials. 

**Official Host** - a university employee who hosts a meeting, conference, or event. 

**Official Guest** - a person invited by an official host to attend a university meeting, conference, reception, or event. Examples of official guests include employees from another work location, members of the community, or media representatives. 

**Promotional Materials** — a gift of tangible personal property that is distributed to promote the name or image of the university, to provide information, or enhance university productivity. Promotional items are of minor value and bear the logo or other icon or information identifying the university such as a pen, folder, calendar, or clothing. 

**Work Location** - the place where the major portion of an employee's working time is spent, or the place to which the employee returns during working hours upon completion of special assignments. 

Allowable Expenses and Occasions.

Hospitality expenses must be directly related to, or associated with, the active conduct of official university business. When a university employee acts as an official host, the occasion must, in the best judgment of the approving authority, serve a clear university business purpose, with no personal benefit derived by the official host or other university employees. In addition, the expenditure of funds for hospitality should be cost effective and in accordance with the best use of public funds. 

When determining whether a hospitality expense is appropriate, the approving authority must evaluate the importance of the event in terms of the costs that will be incurred, the benefits to be derived from such an expense, the availability of funds, and any alternatives that would be equally effective in accomplishing the desired objectives. 

Following are examples of occasions when the provision of hospitality is permitted:

- When the university hosts official guests, including university employees visiting from another work location, donors, and prospective donors;

- When the university is the host or sponsor of a meeting of a learned society or organization;

- When the university is the host or sponsor of meetings of an administrative nature that are directly concerned with the welfare of the university and the provision of hospitality is a necessary and integral part of the business meeting and not solely a matter of personal convenience;

- When the university hosts receptions held in connection with conferences, meetings of a learned society or organization, fundraising events, meetings of student organizations and groups, employee recognition or length of service awards or retirement presentations, student events such as commencement exercises, and meeting of other university related groups such as alumni organizations.

Employee birthdays, weddings, anniversaries, and farewell gatherings are functions are not related to the active conduct of official university business and, therefore, the payment of hospitality expenses by the university is not permitted.
Funding Sources

Hospitality expenses may be paid from various university fund sources, subject to the rules outlined below and the restrictions identified in Table 1. It is the responsibility of each Vice Chancellor to ensure that all funds are used in accordance with this policy. There are two kinds of funds available for the payment of hospitality expenses, State Funds and University Funds.

State Funds

There are two categories of State Funds, General Fund Appropriations and Special Funds. Special Funds include Reimbursed Programs, the Continuing Education Revenue Fund, the Lottery Education Fund, Trust Funds, and the Special Project Fund. The following restrictions, in addition to those identified in Table 1, apply to the use of State Funds:

- General Fund Appropriations may not be used to pay for alcoholic beverage or tobacco purchases, gifts, or awards. These expenses may be charged to Special Funds or University Funds.
- General Fund Appropriations may not be used to pay for food and beverages for business meetings attended only by employees of the same work location. Special Funds or University Funds may be used to pay these costs.
- Trust Funds and Special Project Funds may be used to pay hospitality expenses to the extent permitted by the trust agreement or special project agreement.
- Federal or local government contract and grant funds may be used to pay hospitality costs only if such expenses are specifically authorized in the contract or grant, or by agency policy, and only to the extent and for the purposes authorized. In the event of a conflict between agency and University policy, the stricter of the two policies shall apply.
- No alcoholic beverage or tobacco purchases may be charged to Federal funds.

University Funds

University Funds include funds held by the Foundation or other recognized auxiliary organizations. These funds may be used to fund hospitality but only within the restrictions established by the auxiliary organization. In the event of a conflict between the terms of the Auxiliary policy and university policy, the more restrictive of the two policies shall apply. Alcoholic beverage or tobacco purchases, gifts, and awards may be charged to University Funds subject to the policies and restrictions established by this policy and the auxiliary.

Approval Of Transactions

The Chancellor has delegated authority to each Vice Chancellor to approve hospitality expenses, however, the Chancellor must approve hospitality expenses of the Vice Chancellors. Individuals with delegated approval authority may not approve their own expenses and individuals may not approve expenses of their supervisor.

Procedure to Pay Expenses

Expenses for hospitality are business related expenses and are paid in accordance with Accounting Policies and Procedure number AP-01. Copies of the procedure are available In-The-Loop.
Annual Budget for Hospitality Expenses

Each Vice Chancellor is required to establish an annual State Funds budget for hospitality expenses to be incurred for the division. In addition, each Vice Chancellor receives an annual allocation of University Funds with which to pay divisional hospitality expenses that are not authorized for payment from General Fund Appropriations (e.g., expenses for alcoholic beverages.)

During the year, the Vice Chancellor may request the Chancellor to adjust the annual hospitality budget for State Funds from within existing resources of the division.
Table 1.
Funding Sources For Payment of \textbf{Hospitality} Expenses

<table>
<thead>
<tr>
<th>Hospitality Expenses</th>
<th>State Funds</th>
<th>University Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General Fund Appropriations</td>
<td>Special Funds</td>
</tr>
<tr>
<td>Food and Beverages (other than Alcoholic Beverages) for Meetings Attended by Only by Employees of the Same Work Location</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Food and Beverages (other than Alcoholic Beverages) for Meetings Attended By Official Guests</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Alcoholic Beverages and Tobacco Products</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Gifts</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Awards</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Promotional Items</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
May 15, 1998

TO: Principal Investigators, Project Directors and Foundation Account Managers

FROM: Kent Gibson

Foundation management has taken immediate measures to strengthen policies and procedures which govern community relations activities such as meals, receptions, hosting, and entertainment functions and events.

To the Foundation grants and contracts administration and accounting staff, I have reinforced the policy to require justifying documentation on community relations activities prior to authorizing the expenditure of funds in payment for such activities. Justifying documentation may include: the business purpose of the activity, the names of the organizations participating in, and benefiting from, the activity, the names and affiliations of individuals attending the activity, a categorized receipt or other evidence of the cost of the activity, and similar information which supports the business-related nature of the activity.

Your roles should be focused on insuring that such activities are business-related and on providing the necessary documentation to Foundation staff so that payments and reimbursements can be processed in an auditable, timely way.

Thank you for your attention to this matter and please call me at extension 3306 if you have any questions or comments.

c: Vice President George Pardon
MEMORANDUM

TO: Foundation Account Holders

FROM: Wanda B. Hill  
Executive Director

DATE: May 17, 1994

RE: Travel Advances and Reimbursements

Over the past few weeks, the Foundation has been conducting an internal audit of travel advances and travel reimbursements submitted for payment from various Foundation accounts. Our audit indicates some confusion exists relative to the Foundation’s travel policies. This memorandum will list some of the most common errors detected and indicate the correct application of Foundation policy.

1. Meal allowance claimed for advance or reimbursement when meals are provided by conference or seminar registration fees.

   *CSUDH Foundation Account Holders' Handbook, 7.3. 1. List *ACTUAL expenses for each day for each category of expense.*

   If the cost of the meal is covered by the conference or seminar registration fee, there is no additional *ACTUAL* cost to the traveler. Please attach a copy of the conference registration materials with your request for travel advance.

2. Meal allowance amount claimed for reimbursement for each meal.

   *CSUDH Foundation Account Holders' Handbook, 7. 1.4. All claims must be itemized* for each individual expense item. *Claims may be reimbursed up to the allowance with an itemized statement of expenses.*

   The policy clearly states, actual expenses will be paid for meals up to the allowance amount (i.e., the allowance is the maximum amount paid).
3. **Actual lodging expenses claimed for in-state travel.**

   CSUDH Foundation Account Holders’ Handbook, 7.1.4. *Out-of-State/Out-of-Country Travel:* Travelers will be reimbursed actual lodging expenses when supported by an original receipt.

   Lodging expenses are reimbursed at actual for out-of-state or foreign travel. Lodging expenses for in-state travel are reimbursed at actual up to the allowance of $79.00.

4. **Reimbursement claimed for lunch for non-overnight travel.**

   CSUDH Foundation Account Holders’ Handbook, 7.1.5. **Note:** For a travel period of **less than 24 hours in total,** travelers may not claim any lunch allowance.

   The policy clearly states, unless the travel extends for more than 24 hours, no reimbursement may be claimed for lunch while attending a seminar or conference.

5. **Travel advances not cleared within time stated in policy.**

   CSUDH Foundation Account Holders’ Handbook, 7.1.3. **Travel Reimbursement/Clearing of Travel Advance/Certification of Expenditures.** After completion of travel, the applicable sections of the Travel Authorization Form, and the Itemized Travel Expense Claim Form (with original receipts) must be executed and submitted to the Foundation within ten days or as soon as possible after the return of the traveler.

   As of this date, if travel advances are not cleared within 30 days after the completion of the travel for which the advance was received, no additional advances will be issued. In accordance with Internal Revenue Service regulations, if the advance is not cleared within 120 days after the completion of the travel for which the advance was received, the advance amount will be reported to the Internal Revenue Service as income.

We hope this memorandum clarifies any misunderstandings which might exist. If you need a copy of the *CSUDH Foundation Account Holders’ Handbook,* or if you have any questions, please contact me, Sowlan Loh, or Jane Spaw at 516-3306.
TRAVEL POLICY

Introduction

In accordance with the requirements of the California State University (CSU) and the Internal Revenue Service (IRS), the California State University, Dominguez Hills (CSUDH) Foundation has adopted this policy for the reimbursement of travel expenses. This policy applies to Foundation employees as well as other individuals performing travel related to Foundation/University business or projects administered by the Foundation.

Reimbursement for Travel

Reimbursement of travel expense incurred by Foundation employees or by CSUDH employees or students, or other persons participating in travel while conducting Foundation/University business shall be comparable to the reimbursement normally provided by the CSU for its employees. Exceptions for levels of reimbursement differing from that which would normally be provided for CSU employees may be provided in the following situations:

1. When agreements or contracts with various sponsors of research or granting agencies specify travel reimbursement at different rates.

2. When the Foundation Executive Director determines that a lesser or partial rate of reimbursement is justified (see below).

3. When the Foundation Executive Director determines that a higher level of reimbursement in individual situations is appropriate (see below).

Reimbursement at a Lesser or Partial Rate

Where project travel funds are limited or restricted from budgetary transfers and the project director has determined the objectives of research or training will be enhanced by applying a lesser or partial reimbursement to increase the number of individuals performing travel, a written request must be submitted to the Foundation Executive Director before the commencement of travel justifying the lesser or partial rate. The Foundation Executive Director will review the project travel budget and the reasonableness of the request. If it is determined that research objectives or training will be enhanced by the greater number of travel participants, a lesser or partial rate may be approved.

7.1.1
Reimbursement at a Higher Rate

Reimbursement at a rate higher than provided for the CSU employees may be approved by the Foundation Executive Director if the following conditions exist:

1. A written request should be submitted to the Foundation Executive Director before the commencement of travel justifying a higher rate.

2. The travel performed has exceptional potential for advancing the objectives of a project or the goals of the Foundation/University and the higher reimbursement contributes to those objectives or goals.

3. The travel budget for the project has sufficient funds to provide the higher reimbursement without debilitating results to future travel.

The Foundation Executive Director will review each request on a case-by-case basis.

Travel Documentation

The documents used by the CSUDH Foundation to authorize travel, request travel advances, and receive travel reimbursements are its own internal forms, TRAVEL AUTHORIZATION FORM - ADVANCE/REIMBURSEMENT (FDN #150) and ITEMIZED TRAVEL EXPENSE CLAIM FORM (FDN #160).

In all cases (excluding mileage only claims — see below) where reimbursement for travel will be fully or partially paid by a Foundation account, a properly executed Travel Authorization Form must be submitted to the Foundation Office before commencement of travel.

Travel Authorization for Minors

For travel paid by a Foundation account involving minors, a TRAVEL AUTHORIZATION/RELEASE OF LIABILITY FOR MINOR FORM (FDN #152) must be completed and signed by the minor's parent or guardian and submitted to the Foundation Office with the Travel Authorization Form (FDN #150).

Claims for Mileage Only

A DAILY MILEAGE DRIVING LOG (FDN #151) must be completed for claims involving mileage only. A Travel Authorization Form (FDN #150) is not required. For travel on a regular basis, mileage only claims must be
submitted monthly to ensure timely reimbursement and reporting of expenses.

**Travel Advance**

It is the policy of the Foundation to honor the request for an advance if requested by the traveler for travel involving expected total claims of $100 or more. Where the expected total claim is less than $100, an advance may be issued only where there is compelling justification. To request a travel advance, the proper sections of the Travel Authorization Form must be completed and submitted to the Foundation Office in accordance with the Foundation accounts payable cycle.

**Travel Reimbursement / Clearing of Travel Advance / Certification of Expenditures**

After completion of travel, the applicable sections of the Travel Authorization Form, and the Itemized Travel Expense Claim Form (with original receipts) must be executed and submitted to the Foundation within ten days or as soon as possible after the return of the traveler.
Current Travel Allowance Rates

All claims must be itemized for each individual expense item. Claims may be reimbursed up to the allowance with an itemized statement of expenses. Claims in excess of the allowance will only be allowed if approved by the Foundation Executive Director (refer to the section 'Reimbursement at a Higher Rate'). An original receipt is required for any item of expense in the amount of $25.00 or more. In the event of an IRS audit or for other audit verification purposes, original receipts for items less than $25.00 may be requested at the discretion of the Foundation. If a receipt is lost or otherwise not available, a certification by the traveler may be accepted that explains why the receipt is not provided. Travelers who habitually do not furnish original receipts for expense items may be denied reimbursement through a Foundation account.

CSUDH Foundation allowance for each complete 24-hour period:

Statewide Travel:

<table>
<thead>
<tr>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$111.00</td>
<td>Meals and Lodging</td>
</tr>
<tr>
<td>$5.00</td>
<td>Incidental (includes but is not limited to expenses for laundry, cleaning and pressing of clothes, and fees or tips. Does not include cab fares, telegrams, telephone calls and the like.)</td>
</tr>
</tbody>
</table>

Out of State / Out of Country Travel:

Travelers will be reimbursed actual lodging expenses when supported by an original receipt. Meals shall be reimbursed based on the actual expense. Actual meal expenses in excess of the allowances listed below must be approved by the Foundation Executive Director (refer to section 'Reimbursement at a Higher Rate'). The incidental allowance will apply.

CSUDH Foundation allowance for the fractional periods of travel:

Statewide and Out of State:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lodging (Travel extends overnight)</td>
<td>$79.00</td>
</tr>
<tr>
<td>Breakfast (Travel begins before 7 a.m. or ends past 9 a.m.)</td>
<td>6.00</td>
</tr>
</tbody>
</table>
Lunch
(Travel begins before 11 a.m. or ends past 1 p.m.)  9.50
Note: For a travel period of less than 24 hours in total, travelers may not claim any lunch allowance.

Dinner
(Travel begins before 4 p.m. or ends past 6 p.m.)  16.50

Mileage:

Where the claimant is authorized to operate a privately owned automobile, a rate of 26 cents per mile will be allowed without certification. A maximum of 30 cents per mile will be allowed with the signed certification on the Daily Mileage Driving Log. In the case of reimbursements in excess of 26 cents per mile, the entire mileage reimbursement must be reported as income to the Internal Revenue Service.
TRAVEL AUTHORIZATION FORM - FOR TRAVEL WITH NO ADVANCE

MILEAGE ONLY CLAIMS

For travel involving mileage only (no other travel costs associated with the trip(s)), do not complete FDN #150. Use FDN #151, the CSUDH Foundation Daily Mileage Driving Log (see separate instructions).

Use CSUDH Foundation Travel Authorization Form -
Advance/Reimbursement Request (FDN #150)

COMPLETE AND SUBMIT TO THE FOUNDATION OFFICE AT LEAST THREE DAYS PRIOR TO DEPARTURE DATE:

1. Complete Section 1, Traveler Information:
   - Name - Complete name of traveler
   - Purpose of trip - state purpose of trip. If not obvious as to how the trip furthers the educational mission of the University, a justification statement must be included.
   - Destination - if more than one, list all stops
   - Departure Date/Time - departure from local area
   - Return Date/Time - return to local area
   - Foundation Account Number/Object Code - the Foundation account number to be charged and the object code which specifies the type of expense.

2. If traveler is a minor, CSUDH Foundation Travel Authorization/Release of Liability for Minor Form - FDN #152 (see separate instructions) must be completed and attached to FDN #150.

3. Complete Section 3, Travel Authorization/Advance Approval
   - Traveler's Signature - signature of traveler named above
   - Supervisor's Signature - if traveler is an employee of CSUDH- or CSUDH Foundation, the signature of person to whom the traveler reports
   - Authorized Account Signer - person authorized to sign for transactions to the Foundation account. Signature on file with the Foundation
   - Approval of Department Chair - signature of the department chair to whom the account director reports, if applicable
   - Approval of Dean or VP - signature of dean or vice president who oversees the account director's University area

4. Bring completed form to Foundation at least three days prior to departure date for Foundation Approval.

5. Upon approval, the Foundation will return the duplicate and triplicate copies to the account director.
6. Upon return from travel, complete the following:
   **Itemized Travel Expense Claim Form (FDN #160)** - see separate instructions
   **Section 4, Travel Expense Reimbursement/Travel Advance Reconciliation (use duplicate copy of FDN #150):**
   - Enter total expenses from Itemized Travel Expense Claim Form
   - Enter "0" for advance received
   - Enter balance due Traveler (circle the word "Traveler") which is the same amount as total expenses.
   - Indicate if the check is to be mailed (state mailing address) or held at the Foundation for pick-up.
   - Traveler must sign
   - Approved account signer must sign

7. Submit to the Foundation Office the completed duplicate copy of FDN #150 with completed FDN #160 attached along with original receipts. Upon approval by the Foundation Office, a reimbursement check will be issued in accordance with the Foundation accounts payable cycle.

8. Keep the triplicate copy of FDN #150 and duplicate copy of FDN #160 for your records.

**SPECIAL NOTE CONCERNING ORIGINAL RECEIPTS:**

Original receipts must be attached for any expenditure in the amount of $25.00 or more.
- If an original receipt is not available, a copy must be attached with a written explanation as to why the original receipt is not available.
- If no receipt is available, a sheet of paper with a written explanation and description of the expenditure must be signed by the traveler and attached.
- If it is necessary to have the original receipts returned, attach a written request. The Foundation will then stamp the receipts "Reimbursed by CSUDH Foundation", copy them for our records, and return them.
TRAVEL AUTHORIZATION FORM - FOR TRAVEL WITH ADVANCE

Use CSUDH Foundation Travel Authorization Form - Advance/Reimbursement Request (FDN #150)

COMPLETE AND SUBMIT TO FOUNDATION OFFICE IN ACCORDANCE WITH FOUNDATION ACCOUNTS PAYABLE CYCLE IN ORDER TO RECEIVE ADVANCE CHECK BY DESIRED DATE:

1. Complete Section 1, Traveler Information:
   - **Name** - Complete name of traveler
   - **Purpose of trip** - state purpose of trip. If not obvious as to how the trip furthers the educational mission of the University, a justification statement must be included.
   - **Destination** - if more than one, list all stops
   - **Departure Date/Time** - departure from local area
   - **Return Date/Time** - return to local area
   - **Foundation Account Number-Object Code** - the Foundation account number to be charged and the object code which specifies the type of expense.

2. If traveler is a minor, CSUDH Foundation Travel Authorization/Release of Liability for Minor Form - FDN #152 (see separate instructions) must be completed and attached to FDN #150.

3. Complete Section 2 to request an advance (Refer to Foundation Policy for current travel allowances):
   - **Meals** - indicate the number of meals by type and multiply by the appropriate allowance rate. Enter the totals in the "Amount Payable to Traveler" column.
   - **Incidentals** - indicate the number of complete days of travel and multiply by the incidental allowance rate. Enter the total in the "Amount Payable to Traveler" column.
   - **Lodging** - indicate the number of nights and multiply by the lodging allowance rate. Enter the total in the "Amount Payable to Traveler" column. If this amount is to be paid directly to the hotel, enter the amount in the "Amount Payable to Other" column and enter the information in the "Lodging" section on the form, indicating whether the check is to be mailed or held for pick-up.
   - **Transportation** - enter the amount for air fare in the "Amount Payable to Traveler" column. If this amount is to be paid directly to the carrier or travel agent, enter the amount in the "Amount Payable to Other" column and enter the information in the "Transportation" section on the form, indicating whether the check is to be mailed or held for pick-up.
If another type of transportation is being used instead of air travel, indicate the type. Enter the amount in the appropriate amount column. If this amount is to be made payable directly to the carrier or travel agent, enter the information in the "Transportation" section on the form, indicating whether the check is to be mailed or held for pick-up. No advances are given for mileage.

**Conference Registration** - enter the amount for conference registration in the "Amount Payable to Traveler" column. If this amount is to be paid directly to the conference group, enter the amount in the "Amount Payable to Other" column and enter the information in the "Conference Registration" section on the form, indicating whether the check is to be mailed or held for pick-up.

**Miscellaneous** - specify any miscellaneous costs and enter the amount in the "Amount Payable to Traveler" column. If the miscellaneous cost is to be made payable to a vendor, enter the amount in the "Amount Payable to Other" column and list the payee information on the back of the form, stating whether the check is to be mailed or held for pick-up.

**Total advance Requested Payable for Traveler** - add the advance amounts entered in each column and enter the totals for each on this line.

**Indicate** - check whether the advance check payable to the traveler is to be mailed (state address) or held for pick-up.

4. Complete Section 3, Travel Authorization/Advance Approval

- **Traveler's Signature** - signature of traveler named above
- **Supervisor's Signature** - if traveler is an employee of CSUDH or CSUDH Foundation, the signature of person to whom the traveler reports
- **Authorized Account Signer** - person authorized to sign for transactions to the Foundation account. Signature on file with the Foundation
- **Approval of Department Chair** - signature of the department chair to whom the account director reports, if applicable
- **Approval of Dean or VP** - signature of dean or vice president who oversees the account director's University area

5. Bring complete form to the Foundation Office for approval in accordance with the following schedule to receive advance check(s) when desired (incomplete or incorrect paperwork may delay processing):

- **Paperwork received by Foundation:**
  - Noon, Thursday
  - Noon, Tuesday

- **Checks ready for pick-up:**
  - 4:00 p.m., Tuesday
  - 4:00 p.m., Friday
6. Upon approval, the Foundation will issue the check and return the duplicate and triplicate copies of FDN #150 to the account director.

7. **Upon return from travel**, complete the following:
   - **Itemized Travel Expense Claim Form (FDN #160)**
   - **Section 4. Travel Expense Reimbursement/Travel Advance Reconciliation (use duplicate copy of FDN #150):**
     - Enter total expenses from Itemized Travel Expense Claim Form
     - Enter the total advance requested from the "Total Advance Requested for Traveler" line in Section 2 (the total of both the "Amount Payable to Traveler" column and the "Amount Payable to Other" column).
     - Subtract the total advance requested from total expenses and enter the result on the "Balance Due" line.
     - If the result is a positive number, a balance is due the traveler. Circle "Traveler" on the "Balance Due" line. Indicate if the check is to be mailed (state address) or held for pick-up.
     - If the result is a negative number, a balance is due the Foundation from the traveler. Circle "Foundation" on the "Balance Due" line.
     - If the result is zero, the advance was equal to expenses and no balance is due.
   - Traveler must sign
   - Approved account signer must sign

8. Submit to the Foundation Office the completed duplicate copy of FDN #150 with completed FDN #160 attached along with** original receipts**.
   - If a balance is due the traveler, a reimbursement check will be issued to the traveler upon approval in accordance with the Foundation accounts payable cycle.
   - If a balance is due the Foundation from the traveler, attach cash or check (made payable to CSUDH Foundation).
   - If no balance is due, the Foundation will clear the advance.

9. Keep the triplicate copy of FDN #150 and duplicate copy of FDN #160 for your records.
SPECIAL NOTE CONCERNING ORIGINAL RECEIPTS:

Original receipts must be attached for any expenditure in the amount of $25.00 or more.
- If an original receipt is not available, a copy must be attached with a written explanation as to why the original receipt is not available.
- If no receipt is available, a sheet of paper with a written explanation and description of the expenditure must be signed by the traveler and attached.
- If it is necessary to have the original receipts returned, attach a written request. The Foundation will then stamp the receipts "Reimbursed by CSUDH Foundation", copy them for our records, and return them.
ITEMIZED TRAVEL EXPENSE CLAIM INSTRUCTIONS

Use CSUDH Foundation Itemized Travel Expense Claim (FDN #160)

1. Enter traveler's complete name.

2. Enter the Foundation account number to be charged and the object code which specifies the type of expense.

3. Enter dates of travel (month/day/year). If necessary, use additional forms.

4. List **ACTUAL** expenses for each day for each category of expense (i.e. Breakfast, Lunch, Dinner, Incidentals, Lodging, etc.) Refer to Foundation Travel Policy for current travel allowances.

5. Attach **ORIGINAL** receipts.

6. If mileage is being claimed in addition to other travel expenses, state the rate per mile, departure and destination locations, and the number of miles in addition to the mileage claim amount. If there is more than one mileage claim per day, state information and amount in 'Other' section.

7. Total all expenses for all days. Enter the grand total in Section 4 of duplicate copy FDN #150 (Travel Authorization Form - Advance/Reimbursement Request - see separate instructions).

8. Attach Itemized Travel Expense Claim Form with original receipts (and mileage log, if applicable) to duplicate copy of FDN #150.

**SPECIAL NOTE CONCERNING ORIGINAL RECEIPTS:**

Original receipts must be attached for any expenditure in the amount of $25.00 or more.
- If an original receipt is not available, a copy must be attached with a written explanation as to why the original receipt is not available.
- If no receipt is available, a sheet of paper with a written explanation and description of the expenditure must be signed by the traveler and attached.
- If it is necessary to have the original receipts returned, attach a written request. The Foundation will then stamp the receipts "Reimbursed by CSUDH Foundation", copy them for our records and return them.
DAILY MILEAGE DRIVING LOG INSTRUCTIONS

Use CSUDH Daily Mileage Driving Log (FDN #151)

FOR MILEAGE ONLY CLAIMS (NO OTHER TRAVEL COSTS ASSOCIATED WITH TRIP(S));

1. Complete Section 1:
   Traveler's Name - traveler's complete name
   Foundation Account Number - Object Code - the Foundation account number to be charged and the object code which specifies the type of expense
   Date - the month/day/year of travel. List each day and trips for different purposes separately.
   Travel From - To - describe departure and destination locations. Include business names and city/state information such as "From CSUDH, Carson/CA - To Rockwell, Downey/CA". The departure or destination location must not be the traveler's place of residence, unless approved by the Foundation Executive Director.
   Purpose of Trip - state purpose of trip. If not obvious as to how the trip furthers the educational mission of the University, a justification statement must be included.
   # of Miles - total travel miles from departure location to destination
   Rate/mile - the rate per mile being claimed. The normal claim is $.26 per mile. The maximum allowed is $.30 per mile. If claiming more than $.26 per mile, Section 2 must be completed and the total mileage reimbursement will be reported to the IRS as income.
   Total - multiply the number of miles times the rate per mile and enter the result
   Total Mileage Claim Amount - add all trip totals listed

2. Complete Section 2:
   Indicate - check if the check is to be mailed (state address) or held for pick-up.
   Traveler's Signature - signature of traveler named above
   Supervisor's Signature - if traveler is an employee of CSUDH or CSUDH Foundation, the signature of the person to whom the traveler reports.
   Authorized Account Signer - person authorized to sign for transactions to the Foundation account. Signature on file with the Foundation.
   Approval of Department Chair - signature of the department chair to whom the account director reports, if applicable
   Approval of Dean or VP - signature of dean or vice president who oversees the account director's University area

7.4.1 (03/91)
3. Complete Section 3 only if the rate per mile claimed is greater than $.26 per mile. The traveler must sign that the actual cost of operating their vehicle is equal to or greater than the rate claimed. If a rate more than $.26 per mile is claimed, the total mileage claim amount will be reported to the IRS as income.

4. Submit the completed form to the Foundation office. Upon approval by the Foundation Office, a reimbursement check will be issued in accordance with the Foundation accounts payable cycle.
MILEAGE ONLY CLAIMS, complete Section 1, Section 2 and Section 3 (if applicable). Submit to Foundation

ION 1

Elon's Name

Foundation Account Number - Object Code

<table>
<thead>
<tr>
<th>Date</th>
<th>Travel From / To</th>
<th>Purpose of Trip</th>
<th># of Miles</th>
<th>Rate/mile</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
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TOTAL MILEAGE CLAIM AMOUNT

SECTION 2

Indicate: ( ) Mail check to (address): ( ) Hold for pick-up

I hereby certify that the above is a true statement of the travel expenses incurred by me (traveler) in accordance with the applicable Trustee procedures in the service of The California State University and that all items shown were for the official business of The California State University or the CSUDH Foundation.

Traveler's Signature

Supervisor's Signature

Authorized Account Signer

Approval of Department Chair

Approval of Dean or VP

Foundation Approval

SECTION 3

COMPLETE ONLY IF MILEAGE RATE CLAIMED IS GREATER THAN $0.26 PER MILE

If reimbursement rate per mile is greater than $0.26 per mile (to a maximum of $0.30 per mile), the following certification must be signed. The total mileage reimbursement will be reported as income to the IRS. Certify that the actual cost of operating my vehicle is equal to or greater than the rate claimed.

Per's signature

DN Amt PER

JSE Desc Ref

3NLY Ref Date Acct Bal
TRAVEL AUTHORIZATION FOR MINOR INSTRUCTIONS

Use CSUDH Foundation Travel Authorization / Release of Liability for Minor Form (FDN #152)

1. Type or print legibly the following information:
   **Name of Minor** - complete name of minor traveler
   **Name of Parent or Guardian** - name of minor's legal parent or guardian
   **Beginning Date of Trip** - the date and time of departure
   **Ending Date of Trip** - the date and time of return
   **Destination** - the description of the location of destination
   **Detail activities to be performed** - state the educational activities which will occur at the destination or en route.
   **Name of Faculty/Staff Member Supervision Trip** - person responsible for supervising the minor while traveling
   **Faculty/Staff Member Campus Location - Campus Phone #** - the campus location and phone number where the above listed faculty/staff member may be reached
   **Please return this form by (Date)** - the date the signed and dated authorization/release form must be returned to the faculty/staff member.

2. The Foundation must have this completed, signed and dated form along with a completed FDN #150 (see separate instructions) at least three days prior to travel for travel authorization.

3. Triplicate copy to parent or guardian, duplicate to account director.
Parent or Guardian: Please review the following information and sign the authorization / release below

<table>
<thead>
<tr>
<th>Name of Minor</th>
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<tr>
<td>Name of Parent or Guardian</td>
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<tr>
<td>Beginning Date of Trip</td>
<td>Date:</td>
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<td>Detail activities to be performed</td>
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<tr>
<th>Name of Faculty / Staff Member Supervising Trip</th>
<th>Campus</th>
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<tr>
<td>Faculty / Staff Member Campus Location</td>
<td>Phone #</td>
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Please return this form by Date:

As the parent or guardian of the above named minor, I hereby give my permission for my child or ward to participate in the event specified above. I hereby waive, release, and discharge for my child or ward, myself, my heirs, executors, administrators, legal representatives, assigns, and successors in interest any and all rights and claims which may hereafter accrue to us against The State of California, The California State University, California State University Dominguez Hills, California State University Dominguez Hills Foundation, their Trustees, officials, agents, employees, and volunteers for any and all damages which may be sustained by my child or ward, directly or indirectly, in connection with this event.

__________________________________________  ________________________
Signature of Parent or Guardian                Date

Copy Distribution:
Original - Foundation (must accompany FDN #150 prior to travel dates)
Duplicate - Account Director
Triplicate - Parent or Guardian

FDN #152 9/90

7.5.2
INDEPENDENT CONTRACTOR OVERVIEW

The following is taken from a letter written by John Francis, Attorney at Law, concerning the differentiation between employee and independent contractor or consultant status. It should be noted that it addition to weighing the following factors when determining independent contractor status, Foundation policy requires that anyone who is providing services for the Foundation and who is also an employee of CSUDH or any entity related to CSUDH must be paid as an employee of the Foundation.

Mr. Francis begins his letter with an excerpt from a November 21, 1977 Report to the Joint Committee on Taxation by the Controller General entitled, "Tax Treatment of Employees and Self-Employed Persons by the Internal Revenue Service: Problems and Solutions."

Why do IRS, employers, accountants, lawyers, and other advisors have difficulty determining whether a person is an employee or is self-employed? One reason is that the application of the common law rules to specific employee/self-employed situations is open to broad and inconsistent interpretation. For example, not all of these rules are always present in every employment situation. Further, the rules vary as to applicability and importance in different situations. Evaluating the weight to be given various rules is often a subjective matter, even though IRS and employers make a strong and comprehensive effort to develop all relevant facts. As a result, many employers cannot, with any degree of certainty, determine who will be considered an employee until after IRS has audited the situation.

Over the years the Internal Revenue Service has articulated what it characterizes as the twenty("Common Law" factors in differentiating employees from independent contractors. Recently, the Service provided a reformulation of these factors in Revenue Ruling 87-41. Here are the questions these factors (or rules) are directed at and the analysis related to each:

**Instructions:** Is the person providing services required to comply with instructions about when, where, and how the work is to be done?

A worker who is required to comply with other persons' instructions about when, where, and how he or she is to work is ordinarily an employee. This control factor is present if the person or persons for whom the services are performed have the right to require compliance with instructions. See, for example, Rev. Rul. 68-598, 1968-2 C.B. 464, and Rev. Rul. 66-381, 1966-2 C.B. 449.
Training: Is the person provided training to enable him to perform a job in a particular method or manner?
Training a worker by requiring an experienced employee to work with the worker, by corresponding with the worker, by requiring the worker to attend meetings, or by using other methods, indicates that the person or persons for whom the services are performed want the services performed in a particular method or manner. See Rev. Rul. 70-630, 1970-2 C.B. 229.

Integration: Are the services provided integrated into the business' operation?
Integration of the worker's services into the business operations generally shows that the worker is subject to direction and control. When the success or continuation of a business depends to an appreciable degree upon the performance of certain services, the workers who perform those services must necessarily be subject to a certain amount of control by the owner of the business. See United States v. Silk, 331 U.S. 704 (1947), 1947-2 C.B. 167.

Services Rendered: Must the services be rendered personally?
If the services must be rendered personally, presumably the person or persons for whom the services are performed are interested in the methods used to accomplish the work as well as in the results. See Rev. Rul. 55-695, 1955-2 C.B. 410.

Hiring, Supervising, and Paying Assistants: Does the business hire, supervise, or pay assistants to help the person performing services under contract?
If the person or persons for whom the services are performed hire, supervise, and pay assistants, that factor generally shows control over the workers on the job. However, if one worker hires, supervises, and pays the other the other assistants pursuant to a contract under which the worker is responsible only for the attainment of a result, this factor indicates an independent contractor status. Compare Rev. Rul. 63-115, 1963-1 C.B. 178, with Rev. Rul. 55-593, 1955-2 C.B. 610.

Continuing Relationship: Is the relationship between the individual and the person he performs services for a continuing relationship?
A continuing relationship between the worker and the person or persons for whom the services are performed indicates that an employer-employee relationship exists. A continuing relationship may exist where work is performed at frequently recurring although irregular intervals. See United State v. Silk.
Set Hours of Work: Who sets the hours of work?
The establishment of set hours of work by the person or persons for whom the services are performed is a factor indicating control. See Rev. Rul. 73-591, 1973-2 C.B. 337.

Full Time Required: Is the worker required to devote his full time to the person he performs services for?
If the worker must devote substantially full time to the business of the person or persons for whom the services are performed, such person or persons have control over the amount of time the worker spends working and impliedly restrict the worker from doing other gainful work. An independent contractor, on the other hand, is free to work when and for whom he or she chooses. See Rev. Rul. 56-694, 1956-2 C.B. 694.

Doing Work on Employer's Premises: Is the work performed at the place of the business of the potential employer?
If the work is performed on the premises of the person or persons for whom the services are performed, that factor suggests control over the worker, especially if the work could be done elsewhere. Rev. Rul. 56-660, 1956-2 C.B. 693. Work done off the premises of the person or persons receiving the services, such as at the office of the worker, indicates some freedom from control. However, this fact by itself does not mean that the worker is not an employee. The importance of this factor depends on the nature of the service involved and the extent to which an employer generally would require that employees perform such services on the employer's premises. Control over the place of work is indicated when the person or persons for whom the services are performed have the right to compel the worker to travel a designated route, to canvass a territory within a certain time, or to work at specific places as required. See Rev. Rul. 56-694.

Order or Sequence Set: Who directs the order or sequence in which the work must be done?
If a worker must perform services in the order or sequence set by the person or persons for whom the services are performed, that factor shows that the worker is not free to follow the worker's own pattern of work but must follow the established routines and schedules of the person or persons for whom the services are performed. Often, because of the nature of an occupation, the person or persons for whom the services are performed do not set the order of the services or set the order infrequently. It is sufficient to show control, however, if such person or persons retain the right to do so. See Rev. Rul. 56-694.

Oral or Written Reports: Are regular oral or written reports required?
A requirement that the worker submit regular or written reports
to the person or persons for whom the services are performed indicates a degree of control. See Rev. Rul. 70-309, 1970-1 C.B. 199, and Rev. Rul. 68-248, 1968-1 C.B. 431.

**Payment by Hour, Week, Month:** What is the method of payment -- hour, week, commission, or by the job?
Payment by the hour, week, or month generally points to an employer-employee relationship, provided that this method of payment is not just a convenient way of paying a lump sum agreed upon as the cost of the job. Payment made by the job or on a straight commission generally indicates that the worker is an independent contractor. See Rev. Rul. 74-389, 1974-2 C.B. 330.

**Payment of Business and/or Traveling Expenses:** Are business and/or traveling expenses reimbursed?
If the person or persons for whom the services are performed ordinarily pay the worker's business and/or traveling expenses, the worker is ordinarily an employee. An employer, to be able to control expenses, generally retains the right to regulate and direct the worker's business activities. See Rev. Rul. 55-144, 1955-1 C.B. 483.

**Furnishing of Tools and Materials:** Who furnishes tools and materials used in providing services?
The fact that the person or persons for whom the services are performed furnish significant tools, materials, and other equipment tends to show the existence of an employer-employee relationship. See Rev. Rul. 1-524, 1971-2 C.B. 346.

**Significant Investment:** Does the person providing the services have a significant investment in facilities used to perform services?
If the worker invests in facilities that are used by the worker in performing services and are not typically maintained by employees (such as the maintenance of an office rented at fair value from an unrelated party), that factor tends to indicate that the worker is an independent contractor. On the other hand, lack of investment in facilities indicates dependence on the person or persons for whom the services are performed for such facilities and, accordingly, the existence of an employer-employee relationship. See Rev. Rul. 71-524. Special scrutiny is required with respect to certain types of facilities, such as home offices.

**Realization of Profit of Loss:** Can the person providing services realize both a profit or a loss?
A worker who can realize a profit or suffer a loss as a result of the worker's services (in addition to the profit or loss
ordinarily realized by employees) is generally an independent contractor, but the worker who cannot is an employee. See Rev. Rul. 70-309. For example, if the worker is subject to a real risk of economic loss due to significant investments or a bona fide liability for expenses, such as salary payments to unrelated employees, that factor indicates that the worker is an independent contractor. The risk that the worker will not receive payment for his or her services, however, is common to both independent contractors and employees and thus does not constitute a sufficient economic risk to support treatment as an independent contractor.

Working for More Than One Firm at a Time: Can the person providing service work for a number of firms at the same time? If a worker performs more than de minimis services for a multiple of unrelated persons or firms at the same time, that factor generally indicates that the worker is an independent contractor. See Rev. Rul. 70-572, 1970-2 C.B. 221. However, a worker who performs services for more than one person may be an employee of each of the persons, especially where such persons are part of the same service arrangement.

Making Service Available to General Public: Does the person make his services available to the general public? The fact that a worker makes his or her services available to the general public on a regular and consistent basis indicates an independent contractor relationship. See Rev. Rul. 56-660.

Right to Discharge: Is the person providing services subject to dismissal for reasons other than nonperformance of contract specifications? The right to discharge a worker is a factor indicating that the worker is an employee and the person possessing the right is an employer. An employer exercises control through the threat of dismissal, which causes the worker to obey the employer's instructions. An independent contractor, on the other hand, cannot be fired so long as the independent contractor produces a result that meets the contract specifications. Rev. Rul. 75-41, 1975-1 C.B. 323.

Right to Terminate: Can the person providing services terminate his relationship without incurring a liability for failure to complete a job? If the worker has the right to end his or her relationship with the person for whom the services are performed at any time he or she wishes without incurring liability, that factor indicates an employer-employee relationship. See Rev. Rul. 70-309.

This concludes Revenue Ruling 87-41.
The application of the above analysis to particular factual situations should resolve the issue in most cases. Where there are doubts whether an individual is an employee or an independent contractor, those doubts should be resolved in favor of a determination that an employment relationship exists. In those cases where the Foundation is challenged by the individual involved in a close case, the Foundation shall ask the Internal Revenue Service to resolve the issue by filing Social Security Form SS-8 with the local IRS Office. On that form the nature of the intended relationship can be described and the Service will provide their characterization of it - usually within 30 days.

Without a specific ruling from the IRS (through submission of Form SS-8), no University faculty or staff member should have his or her supplemental or subsidiary relationship with a campus auxiliary organization characterized as that of an independent contractor. The U.S. Department of Labor has clearly ruled that employment of an individual by both the University and any related entity is a "joint employment" relationship. One consequence of this would involve a University craftsman who works his regular 40 hour shift and then is employed an additional 8 hours to perform some work for an auxiliary organization. The auxiliary organization would be obligated to compensate that individual at time and a half.

Payments to editors and others associated with student newspapers (including commissions paid for selling advertising) should be considered wages and subject to all withholding. However, payments to student body officers, including members of the organization's board of directors (senate, council, etc.) are not wages as no employment relationship exists in the typical arrangement.

The issue of the differentiation of employees and independent contractors (including consultants) is more than moderately complex. The variety of possible situations is such that each one has to be analyzed individually and a judgment (with a number of subjective factors weighed) made case-by-case.
INDEPENDENT CONTRACTOR POLICY

Introduction

Federal and State tax laws require the reporting of payments to individuals for services as taxable income. Depending upon the circumstances, the individual may be considered an employee or an independent contractor. If the individual is considered an employee, the employer is liable for certain taxes and benefits, such as FICA and Workers Compensation, in addition to the compensation amount. Therefore, it is critical that a justifiable determination be made as to the status of the individual before payment is made.

Determination of Independent Contractor Status

The Foundation Executive Director is responsible for determining whether an individual should be classified as an employee or independent contractor based on the information supplied on the payment request forms. The Executive Director shall consider all factors in the determination in order to give an unbiased and justifiable opinion as to the status of the individual.

Payments to individuals for services equal or greater than $50 per calendar quarter

If the total payment is equal to or greater than $50 per calendar quarter, a Foundation Independent Contractor Agreement and Justification Form (FDN #161) must be submitted to the Foundation in accordance with Foundation procedure prior to the performance of the service. After review of the form, the Foundation may determine that the individual must be paid through the Foundation payroll system. If independent contractor status is justified, payment(s) will be made after performance of the services upon receipt of an invoice from the contractor, submitted in accordance with Foundation procedure. The invoice must be signed by the contractor.

Payments to individuals who are employed by CSU Dominguez Hills, CSUDH Foundation or any entity related to CSU Dominguez Hills, either at the time the services are to be performed or at the time payment is to be made by the Foundation, must be paid through Foundation Payroll.
Payments to individuals for services less than $50 per calendar quarter

If the total payment is less than $50 per calendar quarter, a Foundation Payment to Individuals Short Form (FDN #159) must be submitted and approved in accordance with Foundation procedure after the performance of the service.

Payments to individuals who are employed by CSU Dominguez Hills, CSUDH Foundation or any entity related to CSU Dominguez Hills, either at the time the services are to be performed or at the time payment is to be made by the Foundation, must be paid through Foundation Payroll.

Advance payment to individuals for services

Advance payment to individuals for services is not allowable except in extreme cases and upon the approval of the Foundation Executive Director. Payment to individuals for services will be made only after the performance of the service. A reasonable down payment or retainer fee can be requested with appropriate documentation.

HONORARIUMS

Honorariums are defined as payment for services on which no set fee has been established, usually a one time payment to speakers in appreciation for their presentation. Requests for payments of honorariums must be submitted on a Foundation Check Request (FDN #157) and must state the payee's address and social security number.

Honorarium payments to individuals who are employed by CSU Dominguez Hills, CSUDH Foundation or any entity related to CSU Dominguez Hills, either at the time the services are to be performed or at the time payment is to be made by the Foundation, must be paid through Foundation Payroll.
INDEPENDENT CONTRACTOR JUSTIFICATION AND AGREEMENT INSTRUCTIONS

Use CSUDH Foundation Independent Contractor Justification and Agreement (FDN #161)

THIS FORM MUST BE COMPLETED AND APPROVED BEFORE PERFORMANCE OF THE CONTRACT MAY BEGIN.

1. Complete Section 1, Justification:
For each of the fourteen statements, check "yes" if the statement is correct concerning the independent contractor, "no" if the statement is not correct. If the response to statement #1 is "no", do not complete the rest of the form - the individual must be paid as an employee not an independent contractor. If the response to statement #1 is "yes", continue responding to all other statements since all other responses work together to justify independent contractor status. For statement #2, if the response is "yes", the dates of service must also be listed.

2. Complete Section 2, Identity of Independent Contractor:
   - **Name** - The complete legal name of the contractor. If the contractor has a business card (or business stationery) attach for business verification purposes.
   - **Indicate entity type** - check whether the contractor works as a sole proprietorship, a partnership, or a corporation.
   - **Business Address** - the complete work address of the contractor
   - **Home Address** - the complete residential address of the contractor
   - **Business Phone # / Fax #** - the contractor's work phone and fax numbers
   - **Home Phone** - the contractor's residential phone number
   - **Employer ID # or Social Security #** - the nine digit number which identifies the contractor either as a business or an individual
   - **Business License # / City / Expiration Date** - if the contractor has his/her own business, the license/ certificate number, the city in which the license was issued, and the expiration date of the license
   - **List the last three clients for whom the independent contractor has provided services** - the name, address, and dates of performance of the contractors last three clients

3. Complete Section 3, Work to be Performed:
   State a complete description of work to be performed, including deadlines and expected results. A separate sheet may be attached if necessary.

8.3.1 [11/90]
4. Complete Section 4, Terms of Payment:
State the terms and conditions of payment. The contractor must submit invoices after the performance of the service which correspond to the terms of payment in order to receive payment.

**Attach Foundation Purchase Order (FDN #156)** - a purchase order must be completed for the contractor to receive payment under the terms of the agreement.

**Fdn Acct # - Object Code** - the Foundation account number to be charged and the object code which specifies the type of expense

5. Complete Section 5, Dates of Service:
State the complete term of the agreement (beginning and ending dates).

6. Complete Section 6, Terms of Agreement:

**Contractor's Signature** - signature of the independent contractor who will be performing the service and receiving payment

**Account Director's Signature** - signature of the person designated as the primary signer on the Foundation account

**Dean/VP Approval** - signature of the dean or vice president who oversees the account director's University area

7. Forward the completed form to the Foundation along with a completed Foundation purchase order. All information will be reviewed by the Foundation Executive Director to assess whether or not the individual may be paid as an independent contractor. If payment is approved, the Executive Director will sign the agreement and performance of the contract may begin. If the Executive Director determines that the Foundation cannot classify the payee as an independent contractor, the individual must be paid through the Foundation payroll system in which case appropriate payroll forms must be completed.
Use CSUDH Foundation Short Form Personal Services Agreement (FDN #159)

THIS FORM IS TO BE USED ONLY WHEN THE FOLLOWING TWO CONDITIONS EXIST:
A. The work relationship is not ongoing or continuous, but irregular and infrequent, usually not more than once in a three month period; and
B. The total compensation or honorarium is less than $50 per calendar quarter (Quarter periods: Jan-Mar, Apr-June, July-Sept, Oct-Dec).

1. Complete Section 1:
   - **Date of Agreement** - the date the agreement form is completed
   - **Fdn Acct # - Obj Code** - the Foundation account number to be charged and the object code which specifies the type of expense
   - **Name** - the complete legal name of the payee
   - **Address** - the complete residential address of the payee
   - **Social Security Number** - the payee's nine digit identification number
   - **Service to be Rendered** - state a complete description of the service to be performed, including deadlines and expected results. A separate sheet may be attached if necessary.
   - **Date(s) of Service** - the date the service will be performed or the beginning and ending dates of the performance period.
   - **Compensation/Honorarium Amount** - the amount the contractor will be paid for performance of the service

2. Complete Section 2:
   - **Signature of Worker** - the payee must sign before performance of the service

3. Complete Section 3:
   - **Authorized Account Signer** - signature of person authorized to sign for transactions to the Foundation account. Signature on file with the Foundation.
   - **Dean or VP** - signature of the dean or vice president who oversees the account director's University area
4. Complete Section 4:
   **Name/Campus Location/Campus Extension** - the campus contact for any questions regarding the payment request
   **Indicate** - check and complete what the Foundation is to do when the check is ready

5. Forward the completed form to the Foundation for approval and payment. Payment will be made after the completion of services.
CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS FOUNDATION
SHORT FORM PERSONAL SERVICES AGREEMENT

This form is to be used only when the following two conditions exist:
1. The work relationship is not ongoing or continuous, but irregular and infrequent,
   usually not more than once in a three month period;
   and
2. The total compensation is less than $50 per calendar quarter
   (Quarter periods: Jan - Mar, Apr - June, July - Sept, Oct - Dec)

SECTION 1
Date of Agreement
Name
Address
Social Security Number
Service to be Rendered
Date(s) of Service
Compensation Amount

SECTION 2
I understand / am not an employee or agent of California State University Dominguez Hills or its
Foundation, I am solely liable and responsible for all Federal and State taxes, I am not
covered by Worker's Compensation or Unemployment Insurance or eligible for any fringe benefits,
and / agree to hold the Foundation and University harmless from any liability resulting from work
performed relative to this agreement. / further agree to indemnify and/or defend the Foundation
in any legal proceedings by any party that arise out of the performance of this contract.

Signature of Worker __________________________ Date ____________
(Must sign prior to beginning service)

SECTION 3
I certify the above services were completed, the compensation hereby approved for payment
is appropriate to the service performed, the services were necessary and could not have been
performed by anyone currently employed by the project, and a selection process was used to
assure the qualifications of the person to perform the service.

Auth. Account Signer Date Dean or VP Date Foundation Approval Date

SECTION 4
For any questions/problems regarding this payment request, the Foundation should contact:
Name __________________________ Campus Location ____________ Campus Extention ____________

When the check is ready, the Foundation should:
( ) Mail check to address listed above
( ) Call (name) at (ext)
( ) Other (please explain):

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Copy distribution: Original - Foundation; Duplicate - Account Director;
Triplicate - Payee

FDN #159 3/91

8.4.3
PERSONNEL POLICY AND PROCEDURES MANUAL

The CSUDH Foundation has its own Personnel Policy and Procedures Manual which is contained in a separate booklet. Please contact the Foundation Office to obtain a copy.

PERSONNEL/PAYROLL PROCEDURE

Position announcement/advertising and selection

When a position opens or is established that is or will be handled through the Foundation, the project director must submit a Position Announcement Request Form (FDN #102) to the Foundation Business Manager. Once approved, the project director can advertise the position in a manner which will solicit the most desirable responses. The Foundation will assist the project director if advertising is desired in the L.A. Times or Press Telegram.

All responses to job announcements/advertising will be directed to the project director who is responsible for the entire interview and selection process.

The project director should keep complete and accurate records throughout the selection process to avoid any repercussions which could occur in the area of equal opportunity employment. The Foundation is an Affirmative Action/Equal Opportunity employer. Contact the Foundation Business Manager with any questions regarding employee selection.

Setting up a new employee on Foundation payroll

Once a position has been offered and accepted, the project director must complete the necessary forms to establish the individual as a Foundation employee. The following forms must be completed for all new employees:

1. CSUDH Foundation Personnel Action Form (FDN #101)
2. IRS Form W-4
3. Employment Eligibility Verification Form I-9
4. CSUDH Drug Free Workplace Policy

These forms must be completed and submitted to the Foundation Office at least three working days before the deadline for the employee's first pay period timesheet. Incorrect or incomplete forms which are submitted after this date may result in the delay of the new employee's first paycheck until the next pay period.

9.1.1 [03/91]
Additional information is required for employees who will be included in the Foundation's benefit program which includes health, dental, vision, and life insurance benefits. The following must be completed for benefited employees only:

1. CSUDH Foundation Employee Benefit Information form #FDN 108. The Foundation will prepare this form for signature. It outlines all employer paid benefits (other than those required by law) and the employer's contribution amount for each benefit. This form will be sent for the signatures of the employee, their supervisor and the Account Director. If the employee declines any of the optional benefits offered, the employee must write and sign a letter stating the benefits declined and the reason. This must then be attached to FDN #108.

2. A Letter of Appointment to the new employee from the project director which states the employee's position title, status and rate of pay as well as a description of the benefits package. The Foundation will assist in the preparation of this letter and a copy will be kept for the employee's personnel file.

3. The new employee must prepare a list of his/her family members who will be covered by the Foundation benefits. This list should include the full name, birth dates, and social security numbers of the employee, spouse and children. Married-employees must state date of marriage.

4. The new employee must come to the Foundation Office to review information regarding the available medical plans and choose the desired coverage. Once the decision is made, the Foundation Office will prepare the necessary benefit forms for signature. All forms must be completed with signatures and returned to the Foundation Office within 30 days of hire to ensure that enrollment with the companies which provide the coverage is completed within 60 days of hire. Effective dates for coverage assuming enrollment is completed within the prescribed 60 days are as follows:

   Health: Effective the first day of the month following completion of enrollment.
   Failure to complete enrollment within prescribed period from date of hire results in a lapse of eligibility until the next open enrollment period.

9.1.2 (03/91)
Depending on the health plan the new employee chooses, the employee may be required to cover plan costs which exceed the Foundation contribution maximum through payroll deduction.

Dental, Vision, and Life

Effective the first day of the second month following the first complete work month from the date of hire. Example:
If the employee is hired in June but after June 1, the insurance will be effective September 1. If the employee is hired on June 1, the insurance will be effective August 1. Failure to complete the enrollment within the prescribed period from the date of hire results in delayed eligibility until enrollment is complete.

There is no cost to the employee for vision, dental or life coverage.

Paying a Foundation Employee

When all paperwork for setting up a new employee has been completed and submitted to the Foundation, an employee can be paid through Foundation payroll. The Foundation issues paychecks twice a month on the 15th and last day of the month. If the 15th or the last day of the month falls on a weekend or non-work day holiday, checks will be issued on the last work day preceding the 15th or the last day of the month. A completed Foundation Payroll Timesheet (FDN #100) must be submitted to the Payroll/Personnel Clerk by the required deadline, which is usually 10:00 a.m. three working days before the pay date. A precise schedule is available from the Foundation Payroll/Personnel Clerk.

If an employee is absent from work during their normal work schedule, a Foundation Request for Absence (FDN #103) must be completed and attached to the applicable timesheet. If an employee works overtime, a CSUDH Foundation Overtime Request and Approval form (FDN #114) must be completed and attached to the applicable timesheet.

Timesheets received late or with incorrect or incomplete information will not be processed for payment until the next pay period. Supervisors requests for rush (hand-typed) checks will be processed within three days.

Paychecks will be ready for pick-up at the Foundation Office after 9.1.3 [03/91]
4:00 p.m. on the scheduled pay date. An employee must have picture I.D. to pick up his/her check. Everyone is required to sign for their check to verify that they received it. If one person has been appointed by a department to pick up all checks for that department, arrangements must be made in advance with the Foundation Payroll/Personnel Clerk. The appointed person must sign for all checks he/she is picking up. If an employee wishes to have his/her check mailed, the word "MAIL" must be clearly written in the upper left hand corner of the timesheet.
USE CSUDH FOUNDATION POSITION ANNOUNCEMENT REQUEST FORM (FDN #102)

1. Complete all required sections (type or print legibly) prior to announcing or advertising the position opening:
   - **Position Title** - the descriptive name of the position
   - **Range of Pay** - state the lowest to the highest pay rate and indicate whether the figure is a per month salary or an hourly wage. If you are unsure of the appropriate pay rate, consult with the Foundation Business Manager to determine an equitable rate.
   - **Status** - Indicate whether the position is full time or part time and permanent or temporary. All agency and project positions are classified as temporary.
   - **Employer Paid Benefits** - Indicate any employer paid benefits other than those required by law that the employee will receive. Some benefits may require employee co-payments. Check with the Foundation Payroll/Personnel Clerk for more information.
   - **Daily Hours of Work** - state the normal work hours
   - **Position Action Dates** - the anticipated start date of the position. If the position is classified as temporary, also state the expected end date (if unknown, state "indefinite" and indicate an expected duration.
   - **Foundation Account Name** - the name of the Foundation account to which this position will be charged.
   - **Foundation Account Number** - the corresponding account number
   - **This position will report to** - the position name of the supervisor to which this position will report.
   - **Job Description/Duties (attach additional sheet if necessary)** - a complete description of the job duties and requirements for employment (include typing ability, degree requirements, special knowledge, etc.)
   - **For Sponsored Program accounts only - indicate** if the position is included in the approved budget and, if not, state the position justification and budget impact.

2. Complete the approval section:
   - **Approval of Account Director** - signature of the person designated as the director of the account named above.
   - **Approval of the Department Chair** - signature of the department chair to whom the account director reports, if applicable.
   - **Approval of the Dean or VP** - signature of the dean or vice president who oversees the account director's University area.

3. Bring completed form to Foundation for approval. If the position is to be advertised, the Foundation will assist the account director in this process.

9.2.1 [02/91]
PERSONNEL ACTION FORM INSTRUCTIONS

Use CSUDH Foundation Personnel Action Form (FDN #101)

NEW HIRE

1. Complete employee information:
   - Employee Name - full legal name of employee
   - Home Address - residential address of employee. If a P.O. Box is used for mailing purposes, list to the side of the home address.
   - Home Phone - residential telephone number
   - Work Location - campus location or off-campus address where the majority of work will be performed
   - Work Phone - campus extension or work location telephone number
   - SS Number - employee's social security number
   - Fdn Account# - the Foundation account number to be charged for the employee's wages and benefits. If the account is a grant account with specific object codes for types of employees, also include the appropriate object code for the employee's wages.
   - Effective Date - the employee's first work day
   - CSUDH Student - check the "yes" box if the employee is also a student at CSUDH. Check "no" if the employee is not a student at CSUDH.
   - CSUDH Faculty - check "yes" if the employee is also a faculty member at CSUDH. Check "no" if the employee is not a faculty member at CSUDH.
   - CSUDH Staff - check "yes" if the employee is also on staff at CSUDH. Check "no" if the employee is not on staff at CSUDH.
   - Student/Off Campus - check "yes" if the employee is also a student at another educational institution other than CSUDH. Check "no" if the employee is not a student at an educational institution other than CSUDH.

2. Complete new hire information:
   - Hire Date - same as effective date above
   - Position Title - the employee's Foundation classification
   - Rate of Pay - if the employee is hourly, state the pay rate per hour. If the employee is salaried, state the pay rate per month.
   - Full Time - check if the employee's normal work schedule is 40 hours per week.
   - Part Time - check if the employee's normal work schedule is less than 40 hour per week.
   - Permanent - check only if the position is paid directly from the Foundation General (1000 series) or Auxiliary (4000 series) funds. All other Foundation positions are classified as temporary.
   - Supervisor's Name and Title - the name and title of the person directly responsible for the employee's performance.
Benefits Other Than FICA, WC, or SDI - Check "Yes" if the employee is to receive benefits other than those required by law, such as retirement, health, etc. The Foundation will then complete an Employee Benefit Information form (FDN #108) for approval. If no benefits other than those required by law will be given, check "No".

3. Complete the approval section:
   Employee's Signature - employee must sign
   Supervisor/Account Director - the person responsible for the employee's performance. If the supervisor is not the account director, the account director must also sign above the supervisor's signature.
   Dept Chair/Dean/VP - the appropriate individual to whom the account director reports.
   All other necessary signatures will be obtained when the completed form is brought to the Foundation Office.

SALARY CHANGE
1. Complete employee information:
   Employee Name - full legal name of employee
   SS Number - employee's social security number
   Fdn Account# - the Foundation account number to be charged - for the employee's wages and benefits. If the account is a grant account with specific object codes for types of employees, also include the appropriate object code for the employee's wages.
   Effective Date - the date the salary change goes into effect.

2. Complete salary change information:
   Merit - check if the salary change is an increase based on job performance.
   Promotion - check if the salary change is due to a position advancement
   Other - check if the salary change is for a reason other than merit or promotion. State the reason.
   Prior Rate - the employee's pay rate prior to the change.
   New Rate - the employee's new pay rate.
   %Change - subtract the prior rate from the new rate and then divide the result by the prior rate. Multiply this figure by 100 to state as a percent.

3. Complete the approval section:
   Employee's Signature - employee must sign
   Supervisor/Account Director- the person responsible for the employee's performance. If the supervisor is not the account director, the account director must also sign above the supervisor's signature.
   Dept Chair/Dean/VP - the appropriate individual to whom the account director reports.
   All other necessary signatures will be obtained when the completed form is brought to the Foundation Office.

9.3.2 [1/91]
POSITION CHANGE
1. Complete employee information:
   - **Employee Name** - full legal name of employee
   - **SS Number** - employee's social security number
   - **Fdn Account#** - the Foundation account number to be charged for the employee's wages and benefits. If the account is a grant account with specific object codes for types of employees, also include the appropriate object code for the employee's wages.
   - **Effective Date** - the date the position change goes into effect.
2. Complete position change information:
   - **Reclassification** - check if the position change is a change in position title due to changes in the employee's scope of work.
   - **Promotion** - check if the position change is an advancement from the prior position.
   - **Transfer** - check if the position change is a change from one job classification to totally different one with the same rate of pay.
   - **Other** - check if the position change is for a reason other than reclassification, promotion, or transfer. State the reason.
   - **Prior Job Title** - state the employee's job title prior to the position change.
   - **New Job Title** - state the employee's job title after the position change.
3. Complete the approval section:
   - **Employee's Signature** - employee must sign
   - **Supervisor/Account Director** - the person responsible for the employee's performance. If the supervisor is not the account director, the account director must also sign above the supervisor's signature.
   - **Dept Chair/Dean/VP** - the appropriate individual to whom the account director reports.
   All other necessary signatures will be obtained when the completed form is brought to the Foundation Office.

SEPARATION
1. Complete employee information:
   - **Employee Name** - full legal name of employee
   - **SS Number** - employee's social security number
   - **Fdn Account#** - the Foundation account number to be charged for the employee's wages and benefits. If the account is a grant account with specific object codes for types of employees, also include the appropriate object code for the employee's wages.
   - **Effective Date** - the employee's last day of employment
2. Complete separation information:
   - **Resignation** - check if the employee is voluntary terminating his or her employment. A letter of resignation from the employee must be attached.
   - **Retirement** - check if the employee is retiring. Retirement papers must be attached.
   - **Temporary Employment** - check if the employee's temporary term of employment has expired. The separation date is the same as the effective date above.
   - **Lay-Off** - this option must be discussed and approved by the Foundation Executive Director prior to any action. If approved, attach a letter of explanation.
   - **Dismissal** - this option must be discussed and approved by the Foundation Executive Director prior to any action. If approved, attach a letter of explanation.

3. Complete the approval section:
   - **Employee's Signature** - employee must sign
   - **Supervisor/Account Director** - the person responsible for the employee's performance. If the supervisor is not the account director, the account director must also sign above the supervisor's signature.
   - **Dept Chair/Dean/VP** - the appropriate individual to whom the account director reports.
   All other necessary signatures will be obtained when the completed form is brought to the Foundation Office.

**LEAVES**

1. Complete employee information:
   - **Employee Name** - full legal name of employee
   - **SS Number** - employee's social security number
   - **Fdn Account#** - the Foundation account number to be charged for the employee's wages and benefits. If the account is a grant account with specific object codes for types of employees, also include the appropriate object code for the employee's wages.
   - **Effective Date** - the date the salary change goes into effect.

2. Complete leave information:
   - **Maternity** - check if the leave is for eight weeks prior to and/or following the birth of the maternal employee's child. Longer periods require a doctor's statement.
   - **Military** - check if the leave is for approved military service and attach appropriate documents.
   - **Personal** - check if the leave is for personal reasons which is deemed necessary for the health or benefit of the employee. Attach a letter of explanation.
   - **Other** - check if the leave is for reasons other than maternity, military, or personal and state the reason. Attach any supporting documentation.
Is this leave voluntary? - check "yes" if the employee requested the leave or "no" if the employee was asked by the employer to take the leave. If no, attach a letter of explanation.

3. Complete the approval section:
   Employee's Signature - employee must sign
   Supervisor/Account Director - the person responsible for the employee's performance. If the supervisor is not the account director, the account director must also sign above the supervisor's signature.
   Dept Chair/Dean/VP - the appropriate individual to whom the account director reports.
   All other necessary signatures will be obtained when the completed form is brought to the Foundation Office.

CHANGE OF NAME, ADDRESS, OR TELEPHONE NUMBER
1. Complete employee information:
   Employee Name - employee's new name
   Home Address - employee's new address
   Home Phone - employee's new telephone number

2. Check line indicating change of name, address, or phone number and indicate the prior name, prior address, and prior phone number.
Use CSUDH Foundation Payroll Timesheet (FDN #100)

1. Enter the date the timesheet is being completed.

2. If the check is to be mailed, clearly write the word "MAIL" in the upper left hand corner.

3. Complete the following employee information:
   - Name - employee's legal name
   - Address - the employee's complete residential address
   - Social Security Number - complete 9 digit employee ID number

4. Enter the complete Foundation account number (including project and object code) to **which** the payroll charges will be recorded and the corresponding Foundation account name.

5. State the employee's job title

6. Indicate whether the employee is a student, faculty, or staff.

7. Indicate whether the employee is paid an hourly wage or a salary amount.

8. State the ending date of the pay period to which this timesheet relates. Note: The ending date of salaried employees is different from hourly employees.

9. In the calendar section, indicate the dates for each day in the pay period next to the days of the week. Underneath the day and date, state the hours worked [W] for each day in the pay period. Salaried personnel must also state the hours they work for audit purposes. An eligible employee earning vacation credit for worked holidays must make sure they indicate the hours worked on the holiday. If authorized leave is used (i.e. sick leave [SL], vacation [VAC], etc.), indicate the type of leave and hours used.

10. State the total hours to be paid for the pay period. The Foundation Payroll/Personnel Clerk will complete the rate and gross pay.

11. Complete certification/approval section:
   - **Payee Signature** -- payee must sign their name as it is stated above.
   - **Supervisor's Signature** - payee's supervisor must sign to verify the hours worked/leave used.
   - **Authorized Account Signer** - if the supervisor is not authorized to sign for transactions involving the Foundation account listed above, an authorized account signer must sign to approve payment from the Foundation account.
   - **Account Director's Signature** - required if the account is a grant or contract.

**NOTE:** Unless extenuating circumstances exist, timesheets received late or with incorrect or incomplete information will not be processed for payment until the next pay period.

9.4.1 [11/90]
REQUEST FOR ABSENCE INSTRUCTIONS

Use CSUDH Foundation Request for Absence (FDN #103)

Request should be completed by the employee before taking any time off, whenever possible. If circumstances are such that the form must be completed after the fact (as in the case of an unexpected health problem), it should be completed as soon as possible.

1. **Date of Request** - date the form is being completed
2. **Name** - employee's name
3. **Date(s) of Absence** - state the beginning date to the ending date of the absence
4. **Hours of Absence** - If the absence is for a fractional period of one work day, state the beginning to ending time off requested
5. **Type of Absence** - Enter the number of hours to cover the absence in the appropriate category(s). Time off is recorded in increment of not less than one-half hour.
6. **Reason for Absence** - state the explanation for the requested time off
7. **Required Signatures** - all Request for Absence forms must be signed by the employee and approved by their supervisor. If the request is one for a leave of absence (with or without pay), the form must also have the approval of the Account Director and the appropriate Department Chair or School Dean (or Vice President). The Foundation Executive Director must also approve all leaves of absence.

Attach completed Request for Absence form to the employee's timesheet to which the request is applicable.
OVERTIME REQUEST AND APPROVAL FORM INSTRUCTIONS

Note: It is the policy of the Foundation not to accrue compensating time off. **All overtime will be paid at the appropriate rate in the period earned.** If unusual circumstances exist, exceptions may be requested by submitting a written request to the Foundation Executive Director.

Use CSUDH Foundation Overtime Request and Approval Form (FDN #114) 
(Form should be completed prior to working overtime)

1. Complete the following employee information:
   - **Employee Name** - employee's legal name
   - **Employee Social Security Number** - complete 9 digit employee ID number

2. Enter the complete Foundation account number (including project and object code) to which the overtime charges will be recorded.

3. Enter the ending date for the pay period to which the overtime applies.

4. Enter each date overtime is scheduled in the pay period and the corresponding number of overtime hours approved.

5. State the reason overtime is being requested.

6. Complete the approval section:
   - **Employee's Signature and Date** - employee must sign name as stated above and enter date signed.
   - **Supervisor's Signature and Date** - employee's supervisor must sign to authorize the overtime hours and enter date signed.

Attach completed Overtime Request and Approval form to the employee's timesheet to which the request is applicable.
GENERAL SPONSORED PROGRAMS INFORMATION

The majority of grants and contracts awarded to California State University Dominguez Hills are accepted and administered by the California State University Dominguez Hills Foundation. Each award is administered as a distinct unit. All awards to be administered by the Foundation should be made in the name of the Foundation and the Foundation must approve all proposal budgets. Because of legal and fiscal obligations, it is imperative that the Foundation be involved in the pre-award process to preclude any problems or delays when the grant or contract is awarded.

Although the Foundation signs the agreement and is legally and fiscally responsible to the sponsor, the Project Director is responsible for the administration of the project, preparation of the required technical reports and proper fiscal management and conduct of the project. The Foundation will provide supporting administrative and financial services to assist in these responsibilities and has established procedures to help meet sponsor, Foundation and University administrative requirements.

Although the Project Director is not the recipient of the grant or contract, he/she is responsible for compliance with all the terms and conditions of a contract or grant, for efficiently and effectively managing project funds within approved budgets, and for completing the project in a diligent and professional manner.

If the project is overexpended or an unauthorized expenditure is disallowed by auditors, the University or responsible department/school may be asked to cover this cost.

The Project Director is therefore responsible to the sponsor, the University, the school, the department, and the Foundation to ensure compliance with the terms and conditions of the grant or contract.
Post-award Responsibilities

The Foundation's responsibility to the sponsoring agency and to the University include:
- all expenditures charged to a project. All expenditures must be processed using Foundation policies and procedures as well as applying any restrictions imposed by the sponsoring agency and the University. In the event of conflict between the policies or procedures of the Foundation and those of the sponsoring agency, those of the sponsoring agency take precedence.
- preparing all financial reports based on approved expenditures.
- requesting funds from the sponsoring agency as directed by the agency (invoice, cash request, etc.)
- ensuring that all fiscal aspects of the award are handled appropriately and in a timely manner.

The Project Director's responsibility includes:
- the substantive work of the project and the preparation and retention of all required technical reports
- ensuring that the Foundation has a copy of the final approved budget for the award before work begins and copies of any correspondence with the sponsoring agency or any other pertinent information.
- adhering to Foundation, University, sponsoring agency and all other applicable policies and procedures
- ensuring that any and all funds received for the grant or contract by the Project Director are deposited with the Foundation. Under no circumstances are any funds to be placed in any off-campus bank account.
- hiring personnel to work on the project and processing necessary paperwork in accordance with Foundation Personnel Policy.
- completing effort reports for faculty working on the project (federal projects only) within one month of the completion of each semester.
- purchasing budgeted equipment and supplies
- arranging for budgeted travel, consultants, conferences or meetings.
- monitoring and reconciling the account in a consistent and timely manner to ensure that all expenditures are in conformity with the approved budget and to make any necessary adjustments or corrections.
- initiating budget transfer requests, if necessary
- ensuring compliance with any cost sharing requirements and reporting the shared costs to the Foundation at six month intervals from the beginning of budget period and at the end of the budget period.
- ensuring that all required substantive reports are submitted to the sponsoring agency on time and retaining copies of the reports as required by the sponsoring agency.

NOTE: The Foundation provides administrative support to the Project Director in all administrative aspects of the project.
Direct Costs

Direct costs are those which can be identified specifically with a particular project/area or which can be assigned to such activities relatively easily with a high degree of accuracy.

Indirect Costs

Indirect costs are those shared by many projects/areas which are not easily traceable to each individual project/area. These costs include bookkeeping, payroll, personnel services, accounts payable, accounts receivable, purchasing and equipment inventory, financial reporting, auditing, insurance, contact negotiations and legal services, general administration, building maintenance and operation, space, and utilities. Indirect costs are usually calculated based upon an approved rate times a base (such as 52% of salaries, wages and fringe benefits.) Actual rates vary from project to project depending on the requirements of the sponsoring agency. The current indirect cost rates used by the CSUDH Foundation are:

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<th>Federal:</th>
<th>HHS and NSF</th>
<th>On Campus</th>
<th>52% SWB*</th>
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<tr>
<td></td>
<td></td>
<td>Off Campus</td>
<td>21% SWB</td>
</tr>
<tr>
<td>HHS/DOEd Training 8%</td>
<td>Training</td>
<td></td>
<td>TDC**</td>
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<td></td>
<td>Grants</td>
<td>(excluding</td>
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<td></td>
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<td>tuition and fees)</td>
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<td></td>
<td>HHS/NSF/DOEd</td>
<td>Major</td>
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<td></td>
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<td>grants</td>
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<table>
<thead>
<tr>
<th>All others:</th>
<th>On Campus</th>
<th>Minimum</th>
<th>15% TDC</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Off Campus</td>
<td>Minimum</td>
<td>10% TDC</td>
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</table>

*Salaries, Wages, and Benefits

**Total Direct Costs

In addition to paying for the indirect costs listed above, indirect costs recovered by the Foundation provide a means for project financing. Frequently, there is a lag of several months from the time a project is initiated to the time funds are received from a sponsor. Indirect cost recoveries from all projects provide a source of funds to keep projects operating until funds are received from the sponsor.

The Foundation also has an Indirect Cost Reallocation policy which returns 20% of indirect costs earned on grants and contracts to the University, of which 50% is used for the Faculty Research Awards Program and other research support and 50% is transferred to the School/Center generating the awards.

10.1.4 [02/91]
Opening a Sponsored Program Account

When the Foundation is formally notified that an award has been made, an account will be established. Generally, an account cannot be established unless the Foundation receives an award notice and an award budget, or a completely executed contract. At the discretion of the Foundation Executive Director, an account may be established without official notice if unusual circumstances warrant such action, in which case the Pre-Award Expenditure Certifications section of the CSUDH Foundation Budget Revision Request (FDN #251) must be completed. The Project Director, Director of Research and Funded Projects, the appropriate chair and dean or vice president will be notified of the Foundation account number and object codes. The Foundation account number must be used on all forms, documents, and correspondence concerning the project.

Orientation Meeting

Under normal circumstances, after notification of the award and before any expenditures take place, an orientation meeting will be convened by the Director of Research and Funded Projects with the Project Director and the Foundation Grants Administrator also in attendance. The Project Director will have received and read the Foundation Account Holder's Handbook before the orientation meeting takes place. The meeting is intended to clarify University, Foundation and sponsoring agency policies and procedures as they affect the project and its implementation. Details concerning any faculty reimbursed time involved in the budget will be also be discussed and the Grants Administrator will use this information to complete required Foundation forms and initiate the reimbursed time process, if applicable.

Budgets and Project Director's Report

The official grant/contract budget is the controlling document. Modifications of the budget line items may be made where such actions are authorized by the guidelines of the sponsoring agency.

The Foundation issues a monthly Project Director's Report. It is usually issued by the 20th of the month and details transactions affecting the project as of the end of the prior month. The report lists budget categories, monthly expenditures and encumbrances, and cumulative financial information to date. The Foundation recommends the Project Director keep a record of expenditures and other financial activity in order to reconcile the account and assist in the timely discovery and correction of any errors.
**Controlling Expenditure of Funds.** The Project Director is responsible for controlling the project's expenditures as required by the guidelines of the granting agency and by the official project budget. The account must be monitored regularly to ensure the consistency of the expenditure of funds with the time limitation of the award. Normally, no funds can be expended before the official start date nor after the termination date of the award. If expenditures must be made after the budget period for costs such as publication or printing, special arrangements must be made in advance with the Grants Administrator to allocate funds (encumber) for that purpose as provided for in the budget. The Project Director is also responsible for reconciling in a timely manner the monthly Project Director's Report, which is prepared and distributed by the Foundation, to assist in the prompt discovery and correction of any errors.

**Encumbrances.** The definition of an encumbrance is a formal unexpended obligation, made in writing, to a vendor or an individual. This can only be done by preparing a Foundation Purchase Order (FDN #156) and processing it through the accounting system of the Foundation. An intent by the Project Director to obligate funds by keeping informal records of obligations not yet processed through the Foundation does not create an encumbrance. When making an obligation, it is critical that the Foundation's name be used as the purchaser, not the name of the project, Project Director, or University. Using the Foundation's name as the purchaser will have a considerable impact on the expediency of payments when the invoices are received.

**Equipment Purchases.** All equipment acquired through Foundation sponsored programs is the property of the Foundation unless other requirements are specified by the sponsoring agency. Prior to the purchase of equipment, Project Directors must obtain verification from the Foundation Grants Administrator that the proposed expenditure for equipment is allowable under the terms of the sponsored program. In general, prior approval must be obtained from the sponsoring agency to acquire with the agency's funds any general purpose equipment (i.e. any items which are usable for activities of the institution other than research, such as office equipment and furnishings, air conditioning, reproduction or printing equipment, motor vehicles, etc., or any automatic data processing equipment). The equipment must be purchased based on the policies and procedures of the Foundation and the regulations of the sponsoring agency. Equipment purchased through a Foundation sponsored program must remain on campus unless other arrangements have been made with the approval of the sponsoring agency, responsible school/area, and the Foundation. For additional information, refer to the Foundation's Policy on Sponsored Program Equipment.
**Timeliness of Purchases/Obligations.** Obligations made the last month of a grant or contract budget period are examined by the Grants Administrator to determine if such expenditures made near the end of the period would be allowed by the sponsoring agency. The Foundation can incur audit disallowances when funds are obligated within the last few weeks of the budget period and the benefit to the project is questionable. Justification must be provided for all obligations incurred within the last month of a budget award period. All items purchased must be received prior to the end of the budget period unless the project is ongoing and funds are confirmed and expected for the coming year(s).

The timeliness of equipment purchases is even more critical. Equipment obligations made in the last six months of the grant budget period will be scrutinized to determine whether or not they are cost effective to the grant. A last minute equipment purchase is an audit flag to the granting agency. Justification must be provided which supports the purchase as critical to completing the grant requirements for equipment purchases made within the last six months of a grant budget period.

**Budget Flexibility.** Most projects, as they-develop, require some budget changes. The preferred practice is to submit the most flexible budget possible during the pre-award process. After the award is made, the Project Director must monitor the account closely to foresee and request any necessary changes well in advance of the need for the funds. Good personal relations between the Project Director and both the Program Officer and Grants Officer can assist in reconciling many difficult situations.

**Budget Revision Approval Process.** Most funding agencies designate two granting officials to monitor each award, the Program Officer and the Grants Officer. They work closely together, and they are usually careful to observe their separate responsibilities. Normally, the Program Officer is concerned with the substantive project goals and procedures, while the Grants Officer is concerned with budgets and contractual obligations. The Project Director should note this distinction (unless directed otherwise by the sponsoring agency) and keep the Program Officer informed by sending copies of any communication with the Grants Officer. The Grants Officer will often check with the Program Officer to make sure any budget revision requests are consistent with the project as a whole. Budget revision requests must be prepared by the Project Director for the Foundation, which then submits the request to the agency Grants Officer when written approval is required. Most Grant Officers will approve shifting of funds for items not in the original budget. However, the funds will have to come from another category in the budget and the change must be justified. Some agencies do not allow certain line items, such as indirect costs,
trainee stipends, tuition & fees, trainee travel, etc. to be rebudgeted. It is extremely rare for an agency to increase the total award.

If the desired budget transfers are allowable by the sponsoring agency without agency approval, the Project Director should complete the appropriate sections of a CSUDH Foundation Budget Revision Request (FDN #251). If the award is from the National Science Foundation (NSF) or the National Institute of Health (NIH), certain budget changes may be made through the process of the Organizational Prior Approval System (OPAS - NSF) or the Institutional Prior Approval System (IPAS - NIH), in which case the Federal Awards Only section of the Budget Revision Request should also be completed.

In all cases any request for budget revision, whether or not it requires agency approval, must be submitted in a timely manner (at least 30 days before the desired date needed) to allow sufficient time for the approval process.

Program Extensions. There are two possibilities for extending the end date of a sponsored program. The most frequently requested is a no-cost extension. This allows the project to continue for a specified period of time if there are sufficient funds available to cover continuing costs. The sponsoring agency will usually approve such requests if they are made well in advance of the project termination date, which means the request should be submitted at least 90 days before the expiration of the budget period. The Project Director must prepare the request for the Foundation, which will submit the request to the Grants Officer for written approval. The second type of extension is actually a request for additional funds from the agency. Although possible, this type of supplement is usually difficult to obtain. The Project Director must contact the Director of Research and Funded Projects well in advance of the project termination if additional funds are needed to complete the project.

Cost Overrun: Cost overrun is the term used to define the situation that exists when the expenditures and obligations of a grant or contract exceed the funding. If the project is overexpended or an unauthorized expenditure is disallowed, the University or cognizant department/school may be asked to cover this cost. The Grants Administrator will monitor the account and notify the Project Director if it appears any budget item is nearing depletion in an effort to avoid cost overrun.

Cost Transfers. Cost transfers for funding convenience involving cost overruns or unexpended funds are prohibited. However,
agencies recognize that transfers of costs from one project to another closely related project are occasionally necessary to correct errors or to recognize that closely related work may be supported by more than one funding source. In such cases, costs transfers from one project to another closely related project may be allowable with proper justification.

Cost transfers should be made as soon as possible after the date of the original transaction. All requests for transfers must be in writing and include transfer justification. Justifications should include the following points:

1. The reasons why the costs are proper and allowable to the project.
2. The reasons why the costs were not charged to the project when they were first incurred.
3. The reasons for the delay in requesting the transfer of costs if the request is being made after the month following the issuance of the monthly Project Director's Report (e.g. in order to be timely, a request for transfer of June costs should be made no later than August.)

The written transfer request should be signed by the Project Director and addressed to the Foundation Grants Administrator. Upon approval of the transfer, the Grants Administrator will attach copies of the appropriate documentation of the costs being transferred, make the transfer and file the request and documentation in the grants file.

Transfers to clear an overrun to a related agreement or to use unspent funds at expiration can be accepted only if supported by a justification containing a full explanation as to why the changes were not made earlier and why the changes are appropriate on the new account.

Transfers made after 120 days will only be permitted in extraordinary cases. The request must fully document with strong explanation as to the appropriateness of the transfer and explain why the transfer is overdue. The request must be signed by the Project Director and appropriate dean or vice president and must be approved by the Foundation Grants Administrator and Executive Director.

Transfers between several accounts under the same agreement do not require justification when the separate accounts were established for the convenience of the Foundation.

**Correction of Errors.** Correction of errors must be made as soon as possible after discovery. The Foundation Grants Administrator 10.1.9 [02/91]
must be notified immediately of any errors discovered on the monthly Project Director's Report. Dependent upon the requirements of the sponsoring agency, it may be necessary for the Project Director to submit a written request to the Grants Administrator for correction of the error with an explanation of how the error occurred (an explanation which merely states that the transfer was made "to correct error" or "to correct project" is not adequate - a detailed description of the circumstances is necessary) and a statement certifying the accuracy of the correction.

**Cost Sharing.** Many sponsoring agencies require the University to share a part of the project costs. The Project Director must submit a CSUDH Foundation Cost Share Report (FDN #254) of shared costs to the Foundation at six month intervals from the beginning of the budget period and at the end of the budget period to demonstrate compliance with cost sharing requirements. The report must be signed by the Project Director and the appropriate fiscal officer of the University certifying the accuracy of the cost share information.

**Reimbursed Time.** Faculty or staff of the University providing ongoing services during the academic year to a sponsored program administered by the Foundation will be compensated through University payroll on a cost reimbursement basis from the Foundation. These individuals will remain employees of the University and will not be placed on Foundation payroll. The Foundation Grants Administrator will complete the necessary reimbursed time forms based upon information gathered at the orientation meeting which will initiate the process for the University to invoice the Foundation in order for the Foundation to pay the University for reimbursed time.

**Effort Reporting.** The Foundation is required to obtain an effort report for each faculty member working on a federal project or as required by other granting agencies. The Foundation will provide the Project Director with a CSUDH Foundation Effort Report Form on a semestral basis which must be completed and returned to the Foundation within one month of the completion of the semester. The report requests an accounting of 100% of each faculty members work effort, including University teaching, grant responsibilities and other activities.

**Drug Free Workplace Policy.** Consistent with its obligations under applicable state and federal law, the Foundation has in place a Drug Free Workplace Policy regarding substance abuse. All employees of the Foundation are required to sign a certification stating they have read, understand and must abide by the policy as a condition of employment.
Patents/Copyrights. The Project Director is responsible for following the sponsoring agency's guidelines for patents and copyrights. Title for inventions or written works does not necessarily flow to the inventor/writer. Agency guidelines may require title to rest with the agency or University.

Public Release of Project Information. The Project Director must consult with the sponsoring agency to determine any restrictions on the release of project information. The Project Director should also work with the University's Office of Public Information to arrange any public announcement of project information and if any negotiations are necessary with the sponsoring agency to authorize release of information.

Fiscal Reports to Sponsors. Sponsors usually require fiscal reports on their project on a monthly, quarterly, annual and/or completion of project basis. These reports are usually prepared and submitted to the sponsor by the Foundation. Some projects require coordination of fiscal reports with substantive reports by the Project Director.

Technical Reports. Project Directors must ensure that technical reports are submitted to the sponsoring agency as required by the grant/contract. The Foundation will send a Project Director Certification of Report Submission form (FDN #253) requesting the Project Director to certify that the report was submitted and also requesting the location of the report on campus for audit purposes. The Project Director is responsible for retaining all technical reports for audit purposes.

Final Reports. Final reports must be submitted to the sponsoring agency as required by the grant/contract. The final report usually includes a detailed description of the work performed during the project period and any findings or conclusions relating to the purpose of the project. Also included is a fiscal report prepared by the Foundation which accounts for the disbursement of project funds. The Foundation Grants Administrator will consult with the Project Director prior to preparation of the final fiscal report to ensure that all fiscal information is correctly recorded and complete. The Foundation will send a Project Director Certification of Report Submission form (FDN #253) requesting the Project Director to certify that the report was submitted and also requesting the location of the report on campus for audit purposes. The Project Director is responsible for retaining all technical reports for audit purposes.

Audit Requirements and Record Retention. Contracts and grants are subject to full review of all project activity (program and financial) by the sponsor's auditors, the Foundation's auditors,
and the State's auditors. All activities must be conducted in full accordance with grant and contract terms and conditions, and applicable University and Foundation regulations.

The Foundation Grants Administrator is familiar with sponsor restrictions and will screen transactions accordingly. However, the Project Director has the primary responsibility for adherence to project requirements.

Since audit personnel (especially those of the government) may question a Project Director and staff long after a project is complete, it is imperative that project files be complete on details of program performance and project change. For record retention purposes, the Project Director must ensure that complete records on the project are available for inspection. It is recommended that the Project Director maintain complete and full records on the project for at least three years after the project has been completed (final technical report, final fiscal report and final payment have all been completed). The Project Director should consult with the Grants Administrator as record retention and audit requirements differ between sponsoring agencies.
BUDGET REVISION REQUEST INSTRUCTIONS

Requests must be submitted in a timely manner, at least thirty days before the date needed. Retroactive approvals are generally not permissible.

Use CSUDH Foundation Budget Revision Request (FDN #251)

1. Enter date revision request is prepared.

2. State the title of the Sponsored Program, the corresponding sponsor award number and the Foundation account number.

3. State the department and school/area responsible for the program.

4. List all principal investigators. Each must sign to certify their approval of the budget revision.

5. Describe and justify the requested budget revision. This should include a) the nature of the revision, b) the necessity of the revision to achieve project objectives, c) the effect, if any, on project direction.

6. Specify the amount of each transfer amount, showing the "from" account # - object code and the "to" account # --object code.

7. Federal Awards Only: OPAS/IPAS - Verify with the Foundation Grants Administrator that requested transfer qualifies for OPAS/IPAS approval. Certifications and approvals must then be obtained from the Project Director, the Director of Research and Funded Projects, the Foundation Executive Director, the Department Chair, and the School Dean or Area Vice President.

PRE-AWARD EXPENDITURE CERTIFICATIONS

1. Follow steps 1 through 4 as listed above, completing as much information as possible in the pre-award situation.

2. State the justification and include the amount requested for each budget category for pre-award expenditures.

3. Obtain pre-award expenditure certifications from the Project Director and School Dean or Area Vice President.

REQUEST FOR PROGRAM REVISION INSTRUCTIONS

For revisions to project objectives, scope or principal investigator(s).

Use CSUDH Foundation Request for Program Revision (FDN #252)

1. State the date of the request.

2. State the complete name and address of the sponsoring agency and the name and title of the person at the agency responsible for approving the request.

3. State the complete sponsored program title, the award number, the Foundation account number, the period of award, and the principal investigator(s).

4. Describe, justify and state the effect of the proposed revision.

5. All principal investigators must sign their approval.

6. Obtain approvals from the responsible Department Chair, School Dean or Area Vice President, Director of Research and Funded Projects, Vice President of Academic Affairs (if any new commitment of University resources is required by the proposed revision), and the Foundation Executive Director.

7. The revision request will be submitted to the sponsoring agency by the Office of Research and Funded Projects.
EFFORT REPORT INSTRUCTIONS

To be completed each semester by all Project Directors for each program sponsored by the federal government or as required by the sponsoring agency.

Use CSUDH Foundation Effort Report (FDN #255)

1. State the semester reporting period.

2. State the sponsored program title, the corresponding Foundation account number, and the name of the Project Director.

3. For each faculty member working on the sponsored program, including the project director:
   a. State the name of the faculty member
   b. Complete the breakdown of effort in percent based on all University activity and overload. Total percent may not exceed 125% nor should it be less than 100%. If the faculty member is working on more than one sponsored program, list only the effort that applies to the sponsored program listed above in the "Sponsored Program Effort" column and list the other sponsored program effort in another appropriate column.
   c. Each faculty member must sign their approval of the effort report.

4. The project director must sign and date the completed report.
COST SHARE REPORT INSTRUCTIONS

To be completed on an semi-annual basis from the beginning of the budget period and at the end of the budget period.

Use CSUDH Foundation Cost Share Report (FDN #254)

1. State the date the report is prepared.

2. State the period of the report.

3. If this is the final cost share report for the budget period, circle 'yes'. If not, circle 'no'.

4. State the Sponsored Program title.

5. State the Sponsor award number and the corresponding Foundation account number.

6. State the budget period of the award.

7. State the name of the project director.

8. Complete the cost share information:
   a. List each budget category name which is required to have shared costs based on the award budget.
   b. For each budget category:
      1. State the total budgeted cost share required.
      2. State the previously reported cost share to date. This amount must equal the amount reported in the 'Cumulative Cost Share to Date' column from the previous report. If there is no previous report, leave blank.
      3. State the current period cost share amount expended.
      4. Add columns [B] + [C] and enter the total in the 'Cumulative Cost Share to Date' column.

9. Complete the certification section. Both the Project Director and a cognizant University Accounting Officer must sign and date the report to certify its accuracy.
California State University Dominguez Hills Foundation  
Project Director Certification of Report Submission

**Note. The Project Director is responsible for the safekeeping of all technical reports. These reports must be retained as required by the sponsoring agency.**

<table>
<thead>
<tr>
<th>Name of Sponsored Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Director</td>
</tr>
<tr>
<td>Sponsoring Agency Number</td>
</tr>
<tr>
<td>Foundation Account Number</td>
</tr>
</tbody>
</table>

Type of Report  
Report Due Date  
[ ] Interim  
[ ] Final

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Please complete the following information and return this completed form to the Foundation Office.

I certify that the report listed above was submitted on [Date].  
[Report Due Date]  
[ ] Interim  
[ ] Final  
[ ] Final

Report is available for review at [Campus Location (Building/Room Number)]  
Please note the Foundation's records of any changes to the report.

---

Signature of Project Director  
[Signature]  
[Date]

FDN #253 3/91
PROCEDURES FOR THE ADMINISTRATION OF SPONSORED PROGRAM ACTIVITIES

As required by several CSU Executive Orders, state and federal law, as well as funding agency regulations, CSUDH has established procedures which govern sponsored program activities at the University.

The procedures are designed to ensure compliance with all laws and system policies. The Office of Research and Funded Projects has been given the responsibility for coordinating the approval process. The process ensures that all activity at the institution is fully documented and recorded.

HIGHLIGHTS

1. All extramural funding proposals, contracts and awards are subject to the review and approval process.

2. The recommendation authority related to proposal submission at school level is vested in the School Dean.

3. The responsibility for ensuring timely review and approval of proposals and awards rests with the Office of Research and Funded Projects rather than with the Project Director.

4. Final approval (both pre- and post-submission) is the responsibility of the Vice President of Academic Affairs (as the University President's designee) and the Foundation Executive Director or University Chief Fiscal Officer (dependent upon the organizational unit with fiscal responsibility).

SPONSORED PROGRAM ACTIVITY

Sponsored program activity shall include research, public service, and educationally related project proposals and awards, whether solicited or unsolicited, which are either submitted to or received from federal, state, municipal, or county agencies; public or private corporations; and private foundations. Approval as herein described is required when such proposals or awards provide for direct funding, use of University facilities or endorsement by the University.

SUBMISSION AND APPROVAL OF SPONSORED PROGRAMS

Since state and federal law agency regulations and CSU executive orders require careful review and approval of sponsored program activity, all project proposals and awards must be reviewed and approved in the manner set forth below. Only after review and approval will a proposal be submitted or an award accepted in the name of the University. The Director of Research and Funded Projects shall administer the sponsored program approval process.
and shall ensure that the required clearances are obtained from the appropriate CSUDH organizational units which include the following:

1. Department Chair
2. School Dean or Administrative Officer
3. Director of Research and Funded Projects
4. Associate Vice President for Academic Resources
5. University Chief Fiscal Officer (for funding through University)
6. Foundation Executive Director (for funding through Foundation)
7. Vice President of Academic Affairs

Sponsored program proposals shall be reviewed for their effect on each area and approved based on their compatibility with the policies, goals and objectives of that area and the University.

ACCEPTANCE OF AWARDS
The CSUDH Office of Research and Funded Projects in collaboration with the CSUDH Foundation or CSUDH Fiscal Affairs and the Project Director shall be responsible for negotiating any terms and conditions that differ substantially from those initially proposed. The Office of Research and Funded Projects will keep all involved units fully informed of these negotiations.

All sponsored program financial negotiations must have final approval of the CSUDH Foundation Executive Director/University Chief Fiscal Officer.

All sponsored programs, upon offer of award and subsequent to final financial negotiations and approval, are to be accepted in the name of the University or its designated auxiliary organization only by the President or his designee.

Upon acceptance of an award by the University, the organizational unit with fiscal responsibility (Foundation or University Fiscal Affairs Office) for the award shall ensure that individuals and organizational units with programmatic responsibilities are fully informed.
REVISIONS TO PROJECT OBJECTIVES, SCOPE, OR PRINCIPAL INVESTIGATOR(S)

Project directors shall complete a Foundation Request for Program Revisions (FDN #252) and submit it to their respective school deans via their department chairpersons requesting approval of revised project objectives, scopes, or principal investigator(s). The request must then be approved by the Office of Research and Funded Projects and the Foundation before being submitted to the sponsoring agency. The approval of the Vice President for Academic Affairs shall be obtained if any new commitment of University resources may be required by the proposed revision.

BUDGET REVISIONS

All actions must be initiated by or agreed to by all affected principal investigators. If the revision requires sponsoring agency approval, the Project Director must submit a written request to the sponsoring agency (usually the Grants Officer) in a timely manner as required by the agency for the approval process. The Project Director must send copies of the requests and approvals to the Foundation Grants Administrator.

For revisions that do not require agency approval, a Foundation Budget Revision Request (FDN #251) shall be completed and forwarded to the Foundation Grants Administrator for approval. The written description/justification for the proposed revision must include a) the nature of the revision b) the necessity of the revision to achieve project objectives and c) the effect, if any, on project direction. Requests must be submitted in a timely manner, at least thirty days before the desired date needed. Retroactive approvals are not permissible unless approved by the Foundation Executive Director.

PRIOR APPROVAL SYSTEM

The U.S. Department of Health and Human Services/Public Health Services, and the National Science Foundation have delegated certain prior approval functions to the University if the University has organized and established in writing an adequate "Prior Approval System" which meets certain prescribed criteria and standards. The Project Director should work with the Foundation Grants Administrator to determine whether any budget revisions meet the prior approval criteria established by the agency. For these types of budget revisions, the "Federal Awards Only" portion of the Budget Revision Request must be completed before any action is taken.

10.8.1
The certifications and approvals will ensure the following:

a. Maintenance of program propriety in relation to the sponsor approved objectives and scope.

b. Requested revision is permissible within the policies, procedures, and requirements of the sponsored program, the sponsor, the University, and the Foundation.

c. Ability to complete the project or activity as approved is neither impaired nor requires additional Federal funding.

d. Funds will not be used for any purpose disapproved as a condition of the award.

e. Effective utilization of University resources.

f. Requested revision and approval action is fully documented and retained in the sponsored program file.
POLICY ON SPONSORED PROGRAM EQUIPMENT

TITLE AND RESPONSIBILITY
All equipment acquired through Foundation sponsored programs is the property of the Foundation, unless other requirements are specified by the sponsoring agency. The inventory and accountability of the equipment shall be coordinated by the Foundation Grants Administrator. Prior to the purchase of equipment, Project Directors must obtain verification from the Grants Administrator that the proposed expenditure for equipment is allowable under the terms of the sponsored program. In general, prior approval must be obtained from the sponsoring agency to acquire with the agency's funds any general purpose equipment, i.e. any items which are usable for activities of the institution other than research, such as office equipment and furnishings, air conditioning, reproduction or printing equipment, motor vehicles, etc., or any automatic data processing equipment. The equipment must be purchased based on the policies and procedures of the Foundation and the regulations of the sponsoring agency. Subsequent to the purchase and upon receipt of the invoice, the Grants Administrator shall tag the equipment and record the purchase and all pertinent information in a subsidiary grant equipment log.

INSTALLATION, USE, MAINTENANCE, PROTECTION AND STORAGE
The Project Director shall be responsible for the installation, use, maintenance, protection and storage of the equipment. Funds for these costs must be requested in the original budget submitted to the sponsor, or the source of such funds must be coordinated by the Project Director working with the Foundation Office, the department chair, and/or the instructional dean or vice president. Any agreements for costs such as maintenance or repair on sponsored program equipment must be approved and signed by the Project Director and the Foundation Executive Director.

INVENTORY AND DISPOSITION
On all federal grants and contracts, and some other special cases, annual and final equipment inventories are required. The Grants Administrator will initiate requests to the Project Director for equipment inventories as necessary.

In the event the Project Director leaves the University to go to another institution, all equipment acquired under his/her sponsored program remains at the University. The equipment may be transferred to the other institution only when the sponsoring agency approved the transfer of the sponsored program to the other
institution and upon recommendation of the department chair, with the approval of the instructional dean or vice president. Such recommendation and approval must be in writing and presented to the Foundation Executive Director. Department chairs may recommend transfer only when the equipment 1) is unique to the particular sponsored program being transferred and 2) would not be used by the department if retained. Upon approval by the Foundation, the Grants Administrator shall follow the customary procedures for equipment disposal.

No equipment acquired through a sponsored program may be sold, traded in for new equipment, scrapped, transferred to another sponsored program, or otherwise disposed of without the written approval of the Foundation Executive Director. It is the responsibility of the Project Director to provide the Foundation with the project number, original cost and acquisition date of the equipment, along with his/her plans for disposing of the equipment. The Foundation will contact the sponsoring agency to obtain instructions on the proper disposition of the equipment to insure all equipment is disposed of in accordance with the policies of the sponsoring agency. The Foundation will advise the Project Director as to the appropriate course of action.

Thefts, losses, and damages must be reported immediately to the Grants Administrator.

Generally, all sponsored program equipment can and will be transferred to the University at the conclusion of the program period. At no time does it become the personal property of the Project Director.

Determination for transferring equipment to the University will be made by the Grants Administrator in accordance with the regulations of the sponsored program. The transfer shall be initiated by the Grants Administrator who shall complete an Equipment Purchase/Title Transfer Form (FDN #158) which must be approved by the University to complete the transfer.

If transfer is not allowable, the equipment will be retained by the Foundation or returned to the sponsor as required by the sponsoring agency.