PLEASE MAKE A COPY (paper or electronic) OF ALL THE ITEMS YOU ARE SUBMITTING BEFORE YOU SUBMIT THEM. KEEP THE COPIES ON FILE UNTIL DIRECT PAYMENT IS MADE. FAILURE TO DO SO MAY PREVENT SAPFB FROM PROCESSING ANY AND ALL DIRECT PAYMENT REQUESTS.

**This packet was created by the SAPFB Assistants to help expedite the direct payment process. The required documents for direct payment listed within this packet are based off the most current UH fiscal policies and procedures which are subject to change at any time. SAPFB may request additional supporting documents not listed below under special circumstances.

Please contact us at sapfb@hawaii.edu with any questions or concerns regarding your award or the funding procedures in this packet
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STOP

If your event is less than 6 weeks away, direct payment is no longer an option. If you have an extenuating circumstance, contact sapfb@hawaii.edu to explain your situation. Due to missing the deadline, your organization/department is only eligible for reimbursement. Reimbursement documents must be submitted WITHIN 14 days AFTER your event concludes.
How to Successfully Access Your Award

Congratulations on your SAPFB award! This packet is intended to help you access the monies you have been granted efficiently and with ease. As such, we strongly encourage you to read through the entire packet as soon as you receive official notification of your award. If you wait, direct payment deadlines could be out of reach.

■ Deadline for direct payment paperwork: DUE AT LEAST 6 WEEKS BEFORE AN EVENT BEGINS
  ▪ Example: if your event is scheduled to begin November 30th, documents should be submitted to our office by October 19th at the latest.
  ▪ If this date lands on a weekend or holiday, paperwork will be due the following school day.

■ Extension deadline for corrected/missing documents: After documents have been submitted to SAPFB, we will review them for completeness. If additional documents are required, THREE EXTENSION DEADLINES from SAPFB will be granted to the organization to submit the CORRECTED/MISSING documents. If organization does not respond/comply, SAPFB has the right to revoke award(s) in full.

■ Should you fail to submit any paperwork by the third and final deadline, funding will be forfeited automatically.

NO LATE PACKETS/DOCUMENTS WILL BE ACCEPTED.

Reminders:

■ EACH ORGANIZATION/DEPARTMENT IS REQUIRED TO TURN IN AN OUTSIDE FUNDING FORM WITH EVERY NEW EVENT (page 14).

■ If your organization collected a fee from members/non-members to attend your event, you must turn in a Fees Collected Form (page 13) and any additional required documentation.

■ AUTOMATIC RE-ALLOCATION of funds is NOT allowed.
  ▪ Re-allocation can only be considered between existing line items in the original award letter.
  ▪ If you would like to request re-allocation, you may send an explanation of the circumstance to sapfb@hawaii.edu.
  ▪ The board will consider and vote on re-allocation requests that contain extenuating circumstances** ONLY. The request will be deliberated and communicated via email within 7 business days.
    **Saving money in one line item by finding a cheaper option is not considered an extenuating circumstance to move remaining funds to another line item.

■ Any unused award monies will revert back to SAPFB - funds not utilized in total will not be applicable towards other expenses relating to the event or for proposed events in the future.

■ All Direct Payment Quotes MUST:
  ▪ Be ITEMIZED & DISPLAY COST per ITEM
  ▪ Show the EVENT DATE
  ▪ Show the ORGANIZATION, EVENT, or REPRESENTATIVE NAME
  ▪ Show the VENDOR NAME
  ▪ Show the FINAL TOTAL
Each document required for direct payment must be submitted each time a new direct payment is requested.
- Example: Event flyers should be submitted with each new request.

Airfare itineraries must be compliant with the 24-hour grace period in order to be fully paid (explanation of 24-hour grace period on the Travel Reimbursement Checklist). Interisland travel does not have a grace period. Travel itineraries must be arranged to arrive and depart on the first and last day of the event.

SAPFB CANNOT directly pay for lodging or car rental expenses. We can only reimburse the purchaser.

Direct payment requests with invoices exceeding $2,500 requires a bid request and award via SuperQuote on the CommercePoint website: www.commercepoint.com and compliance through Hawaii Compliance Express. Page 8 of this document contains the instructions on how to set up a SuperQuotes bid. The winning vendor must also be in good standing with Hawaii Compliance Express (HCE). Please email at sapfb@hawaii.edu to verify their compliance.

What we CAN directly pay:
- Food
- Event and project supplies
- Advertising/Printing
- Registration fees
- Room/venue rentals
- Non-personnel services
- Airfare to conferences/competitions

What we CANNOT fund at all:
- Gas and additional insurance for vehicle rental
- Per Diem
- Alcohol
- Bar fees/dues
- Tips or gratuities
- Costs related to the planning or presentation of fundraising events
  - i.e. the rental fees of meeting rooms for a silent auction
- Salaries and wages
- Club dues and national chapter registration or membership dues
- Daily operations costs of an office or program
- Operating equipment
  - i.e. computers for your organization

If your organization experiences circumstances beyond your control, please maintain open communication with SAPFB at sapfb@hawaii.edu. The board appreciates and supports all activities that receive funding, and would like to try our best to help make your event a success. Please make sure that you understand what is expected of your organization as you access funds. If you are in doubt, at any time, as to the nature and extent of your direct payment request(s), please do not hesitate to contact the SAPFB…we are here to help!

Thank you,
Direct Payment Q&A

Q: What is Direct Payment?
- A way for organizations to have vendors/service providers paid directly from SAPFB for authorized goods/services relating to the event that was funded.
- A direct payment is done for outside vendors with a Purchase Order (PO) or for UH vendors through an InterDepartmental Order (IDO).

Q: What is a Purchase Order (PO)?
- A PO allows the University to place an order with a vendor. Via a PO, the University commits to pay a vendor AFTER an event occurs for the goods/service received. Examples of vendors: Da Spot, Yama’s Fish Market, 4Imprint, City Travel, etc.

Q: What is an InterDepartmental Order (IDO)?
- An IDO allows the University to place an order with an internal department. The IDO will pay the department AFTER an event occurs for the goods/service received. Examples of departments: CC Meeting & Events Services, CC Marketing & Graphics, Ka Leo, etc.

Q: What are some examples of goods/services that can be paid with Direct Payment?
- Food, catering, airfare (via Travel Agency), printing/advertising, non-personnel services.

Q: Who is eligible for Direct Payment?
- FOR UH POs: ONLY vendors that accept UH POs and can accept payment after event ends.
- FOR UH IDOs: ONLY departments that accept UH IDOs. Payment is processed after event ends.
- For UH POs and IDOs: If you anticipate that your invoice will exceed $2,500 for a single line item (i.e. food), a bid must also be posted through SuperQuotes and the winning vendor must be in good standing with Hawaii Compliance Express (HCE). To find out if a vendor is in good standing, please send us an email at sapfb@hawaii.edu for verification.

Q: How does a Direct Payment work?

Before Event
To Generate PO/IDO
- Direct Payment must be requested at least 6 weeks before the desired event occurs.
- All documents outlined on the General Direct Payment Checklist & Coversheet OR IDO Checklist & Coversheet must be submitted (below).
  - If direct payment is for airfare or non-personnel services (NPS), documents outlined on those checklists must also be submitted.
- After submitting all required and completed documents to SAPFB, the PO/IDO will be generated and sent to the vendor and organization representative noted on the Checklist & Coversheet.

After Event
To Satisfy PO
- After the event has occurred (services/goods have been rendered), the PO must be satisfied with a Final Billing Invoice from the vendor/service provider. The organization representative is responsible for getting the Final Billing Invoice from the vendor/service provider to SAPFB no later than 14 days after the event concludes. For IDOs, the UH Vendor will be responsible to close out payment, the department/organization will not be required to submit anything.
Steps to Successfully Pay a Vendor Directly

Complete *prior* to initiating any paperwork

- **1. Verify your desired vendor accepts UH POs or IDOs.**
  If desired vendor does not accept them, you must either choose a different vendor that does, or personally cover the costs and submit reimbursement paperwork instead.

- **2. Ensure desired good(s)/service(s) for a single line item does not exceed $2,500**
  If cost for a single line item exceeds $2,500 regardless of the amount SAPFB will directly pay, a bid via SuperQuote on the CommercePoint website must be generated.

  - **2a.** Winning vendor in SuperQuotes must be in “good standing” to do business in Hawai‘i and registered with HCE.
    If desired vendor is not deemed compliant, SAPFB will not directly pay them for an invoice with a line item exceeding $2,500. Contact sapfb@hawaii.edu to check.

**Complete 6 Weeks *Before* Event**

To Generate PO/IDO

- **3. Submit General Direct Payment or IDO Checklist & Coversheet**
  Submit all documents listed on the checklist to SAPFB (below)

- **4. Submit **Travel** or **Non-Personnel Services (NPS)** Checklist**
  *If applicable
  Submit all documents listed on applicable checklist **and** the General Direct Payment Checklist to SAPFB (below).

- **5. Wait to receive the PO/IDO from an SAPFB Assistant via email**
  SAPFB requires a minimum of **2 weeks** to generate a PO/IDO upon receipt of all required and completed documents. PO/IDO will then be sent to the organization representative (noted on the checklist) via email and to the vendor or department via electronic, postal, or campus mail.

**Complete Within 14 Days *After* Event**

- **6. Step #6 for POs ONLY**
  Submit Final Billing Invoice (billed to the University of Hawaii)
  *See General Direct Payment OR IDO Checklist below

- **7. Submit Post-Activity Report**
  Online at www.manoa.hawaii.edu/sapfb/awards
SAPFB **General Direct Payment** Checklist & Coversheet

Date submitted to SAPFB

Organization name as listed in Award Letter

Event title as listed in Award Letter

Organization Representative Name

Contact Email

**Please check each box for each document enclosed**

Due at least 6 weeks **BEFORE** Event

*Failure to submit initial DP forms at least 6 weeks prior to event results in no direct payment option!*

To Generate PO

**REQUIRED:**

☐ General Direct Payment Checklist & Coversheet (this page)

☐ *Quote or Invoice MUST:
  - Be Itemized with cost per item
  - Show **Event date**
  - Show at least one of following: Organization, Event, or Representative name
  - Show Vendor or Service Provider Name & Address
  - Show **Final Total**

☐ Event Flyer **MUST:**
  - Be a flyer, program, brochure, email, etc.
  - Show **Title, Date, & Location**

☐ Outside Funding Form (pg. 14 below)

☐ WH-1 or W-9 Tax Form (on SAPFB website)

**IF APPLICABLE:**

☐ Travel or **Non-Personnel Services** Checklist (pg. 10 below)

☐ Fees Collected Form (pg. 13 below)

  ***Initial if not applicable: _____***

☐ *SuperQuotes Checklist (next page)*

  *submit only if invoice exceeds $2,500 for a single line item regardless of SAPFB award amount

Due within 14 Days **AFTER** Event

To satisfy PO

1. Final Billing Invoice from vendor (billed to the University of Hawaii)
2. Post-Activity Report (www.manoa.hawaii.edu/sapfb/awards)
SAPFB SuperQuotes Checklist

WARNING: PLEASE READ A-D BEFORE CONTINUING

A. SuperQuotes is **NOT** required for airfare direct payments. Please contact us at sapfb@hawaii.edu for further instruction.
B. If you anticipate that *a single line item* on your invoice (i.e. food) will be $2,500+ the steps below are REQUIRED to process a direct payment.
C. You will NOT be able to freely select a vendor; you are required to use the vendor with the winning bid.
D. If you have extenuating circumstances that *require* a specific vendor, please contact us at sapfb@hawaii.edu before continuing.

How to request a bid on SuperQuotes

- Create a new buyers account on www.commercepoint.com
  - Campus password: rainbow
  - Join the organization: University of Hawaii
  - Select the group to which your organization belongs, a position, and supervisor.
  - Enter your contact information
- Once your account has been created, go to your homepage and click on “Create a New Request”
  - Fill out the information as it pertains to your event. Be as detailed as possible with your event’s required services so bidders are aware of every detail.
  - Mention that only bidders that are compliant with Hawaii Compliance Express will be eligible for this bid.
  - The “open” and “close” dates represent the duration that bidding activity is allowed. Give bidders 1 week.
- Print your request.

After the bidding period ends

- Make sure the winning bidder is indeed compliant with HCE. Email sapfb to check.

Submit Direct Payment Checklist items AND the following:

- Original request for quotation form that you printed in above step.
- Bid responses sheet that shows the vendor that *did* win the bid **AND** the vendors that *did not* win the bid.
- Request for quotation form from each of the bidder that *did* win showing the detail of their services and amount.
- Request for quotation form from the winning bidders that *did not win*.

Submit all remaining required documents that are found on the General Direct Payment Checklist above.
SAPFB Direct Payment Request Form

PLEASE PRINT CLEARLY OR TYPE IN ALL INFORMATION.
COMPLETE ONE FORM FOR EACH VENDOR/BUSINESS/INDIVIDUAL BEING DIRECTLY PAID.

☐ Check here if this is a Direct Payment to a vendor/business
☐ Check here if this is a Direct Payment to an individual

If this is a direct payment to a UH Dept. (like CCMES or CC Marketing and Graphics), use IDO Request Form.

DATE SUBMITTED TO SAPFB: __________________________

FROM: ____________________________________________

Name of Organization as listed on award letter        Name of Event as listed on award letter

Location of event                                      Date(s) and time(s) of event

Mailing address for organization (# and street)        City        State        Zip

Name of 1st organization contact person               Phone #/e-mail address of 1st organization contact person

Name of 2nd organization contact person               Phone #/e-mail address of 2nd organization contact person

TO: SAPFB

Please make check payable to (check one only):
☐ Vendor/business  ☐ Individual  ☐ Other: ________________

Name______________________________________________        Phone # and e-mail address

Mail check to: ____________________________________________

Street number and street name                          City        State        Zip

☐ Check here to confirm the above address matches address provided on W-9/WH-1 tax form

NOTE: e-signatures are NOT acceptable on tax forms.

If you were unable to check the above box, please contact sapfb@hawaii.edu or 808-956-4842 for further instructions.

Member Signature ___________________________________ Print name and title of person ____________________________ Date ____________________________

(OFFICE USE ONLY)

Certification of SAPFB Representative

Name: ______________________ Date Received: _____________ Date Processed: ______________________

Post-Activity Report Survey Complete Date: ______________________
Travel Checklist

*NOTE: Items on Direct Payment Checklist still apply

☐ Airfare

24-hour grace period
NOTE: If desired itinerary does not comply, SAPFB requires an approved comparison itinerary, from which we will reimburse the cheaper of the two amounts (whether original itinerary or the comparison)

FOR MAINLAND & INTERNATIONAL FLIGHTS ONLY
- Traveler(s) must arrive no earlier than 24 hours prior to the start of the event
- Traveler(s) must leave no later than 24 hours after the event concludes

FOR INTERISLAND FLIGHTS ONLY
- Arrival must be on the same day the event starts
- Departure must be on the same day the event ends

☐ Airfare itinerary MUST show:
  ☐ Dates of travel (compliant with 24-hour grace period)
  ☐ Passenger name(s)
  ☐ Cost breakdown and final total
  ☐ Departure and arrival location

☐ If there is an extenuating circumstance that restricts you from compliance with the 24-hour grace period, submit:
  ☐ Memo justifying early arrival and/or late departure
  ☐ Flight comparison for dates that DO comply with 24-hour grace period. Sample: http://www.manoa.hawaii.edu/sapfb/forms.html

☐ Registration

☐ Detailed quote MUST show:
  ☐ Attendee name(s)
  ☐ Conference/competition name & date
  ☐ Cost breakdown and final total

Non-Personnel Services (NPS) Checklist
Guest Speakers, Performers, Security

*NOTE: Items on Direct Payment or IDO Checklist still apply

☐ Letter of Invitation
  From organization to service provider

☐ Letter of Acceptance
  From service provider to organization

☐ Contract between two parties
  Sample: http://www.manoa.hawaii.edu/sapfb/forms.html

☐ Quote/Initial Invoice for service(s)
  ☐ Service provider name
  ☐ Name & date of event
  ☐ Cost for their services
InterDepartmental Order (IDO) Checklist & Coversheet

Date submitted to SAPFB

Department or Organization name as listed in your Award Letter

Event title as listed in your Award Letter

Organization Representative Name

Contact Email

Direct Payment IDO: Due at least 6 Weeks BEFORE Event
*Failure to submit initial DP forms at least 6 weeks prior to event results in no direct payment option!*

ONLY USE FOR PAYMENT REQUESTS TO UH DEPARTMENTS
i.e. Ka Leo, CCMES, Marketing & Graphics, etc.

REQUIRED:
☐ IDO Checklist & Coversheet (this page)
☐ IDO Request Form (next page)
☐ All quotes MUST:
  ☐ Be Itemized with cost per item
  ☐ Show Event date
  ☐ Show at least one of following: Organization, Event, or Representative name
  ☐ Show Vendor or service provider’s name & address
  ☐ Show Final total

☐ Event Flyer MUST:
  ☐ Be a flyer, program, brochure, email, etc.
  ☐ Show Title, Date, & Location

☐ Outside Funding Form (pg. 14)

IF APPLICABLE:
☐ Fees Collected Form (pg. 13)
  ***Initial if not applicable: _____
SAPFB IDO Request Form

PLEASE PRINT CLEARLY OR TYPE IN ALL INFORMATION.
COMPLETE ONE FORM FOR EACH IDO REQUEST.

This form is for payment requests to UH Departments ONLY.
For direct payment to outside vendors (like Sodexo or Da Spot), use Direct Payment Request Form.

FROM:
______________________________________   ______________________________________
Name of Organization as listed on award letter   Name of Event as listed on award letter
______________________________________   ______________________________________
Location of event   Date(s) and time(s) of event
______________________________________   ______________________________________
Mailing address for organization (# and street)   City   State   Zip
______________________________________   ______________________________________
Name of 1st organization contact person   Phone #/e-mail address of 1st organization contact person
______________________________________   ______________________________________
Name of 2nd organization contact person   Phone #/e-mail address of 2nd organization contact person

TO:   SAPFB

______________________________________
Name of Dept./UH vendor being directly paid

Signature of preparer   Print name and title of person   Date

(OFFICE USE ONLY)
Certification of SAPFB Representative

Name: __________________________________________
Date Received: ____________________________
Date Processed: ____________________________
Post-Activity Report Survey Complete Date: ______________________________________
Fees Collected Form

If your organization charged a fee to attend this event, documents for either #1 OR #2 are required.

Any type of fee or charge to attend your SAPFB funded event is considered income. It will be subtracted from your reimbursement total unless you can prove (with original receipts) that the income was used for other event-related expenses. Please see example at the bottom of the page.

1. If you do NOT have additional event-related expenses
   SAPFB will pay the invoice total (up to the award amount) minus the income collected. Please still submit:
   - List of ALL ATTENDEES and AMOUNT COLLECTED (follow example below)
   - Fees Collected Form (this page) with printed name, signature and date
   OR

2. If you DO have additional event-related expenses
   SAPFB will re-calculate the amount to which your organization is entitled based off the following:
   - List of ALL ATTENDEES and AMOUNT COLLECTED (follow example below)
   - Fees Collected Form (this page) with printed name, signature and date
   - Original receipts for other event related purchases
   - Card/check images (if paid by card or check)
   - Bank/credit card statements (if paid by card or check)

WARNING: Falsifying this information could cause forfeiture of current and future awards.

By signing below I confirm the information provided is accurate to the best of my and my organization’s knowledge:

Name (print):_________________________________________

Signature:_____________________________________________  Date: __________________

Example: Painting Club received $50 for food. They spent $50 in food costs. The club charged a fee of $1 per member and $5 per guest. Five members and one guest attended, therefore, the club collected $10. Due to the $10 made in income, they will only be eligible to receive $40 in reimbursement. Reimbursing more than this amount without additional documentation would mean that Painting Club has profited from this event using SAPFB funds, which is unallowable. The Painting Club happened to also purchase $50 worth of party supplies. They submitted the receipts, card images and bank statements to SAPFB. Painting Club was able to justify that their $10 income went toward their event and was reimbursed their full award of $50!

Example: Proper list of amount collected

<table>
<thead>
<tr>
<th>Name of Attendees</th>
<th>Amount Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>$1.00</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>$1.00</td>
</tr>
<tr>
<td>George Washington</td>
<td>$1.00</td>
</tr>
<tr>
<td>John Adams</td>
<td>$1.00</td>
</tr>
<tr>
<td>John Hancock</td>
<td>$1.00</td>
</tr>
<tr>
<td>Guest: John Smith</td>
<td>$5.00</td>
</tr>
</tbody>
</table>

Totals: 6 $10.00
Outside Funding Form

ONE COPY IS REQUIRED FROM EACH ORGANIZATION/DEPARTMENT PER EVENT
NO EXCEPTIONS

If your outside funding situation(s) ever change, you will be responsible to send SAPFB an updated form.
Check here if this is an updated form: ☐

This form is intended to track all sources that are paying for the SAME line items that SAPFB has awarded.
(i.e. if ASUH and SAPFB awarded food for the same event, please identify the food funding info from ASUH).

Your Organization/Department:____________________________________________________

Event Name:_____________________________________________________________________

1  Did or will your organization/department receive funding from any other sources to help pay for items for this same event? (ex. UH Foundation, other departments)? Please check:

   Yes ____                  If yes, please continue to step 2.
   No ____                   If no, please print, sign and date at the bottom of this form.

2  Do you know exactly how much you will use from this additional source? Please check:

   Yes, we know_____        If yes, please continue to step 3.
   Unsure of amount____     If unsure, please continue to step 3.
   Funds canceled_____      If canceled, please print, sign and date at the bottom.

3  Did or will any of these funding sources pay for the SAME invoices/quotes you are submitting to SAPFB? Please check:

   Yes ____                  If yes, please continue to step 4.
   No ____                   If no, please print, sign and date at the bottom.

4  Please format the information below as such:

   1. Source(s)  2. Line item(s)  3. Amount(s)/estimate(s) used or might receive

      i.e  1. Dept. of Biology  2. Food  3. $500 for remaining balance on invoice from Da Spot

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

WARNING: Falsifying this information could cause forfeiture of current and future awards.

By signing below I confirm the information provided is accurate to the best of my and my organization’s knowledge:

Name (print):__________________________________________________________

Signature: _____________________________________ Date: _____________________________

This form was updated on 8/24/2016