Accessing Funds Packet
Reimbursement
2016

Student Activity and Program Fee Board (SAPFB)
2445 Campus Road, Hemenway Hall 220
Honolulu, HI 96822
Phone: 808-956-4842
Email: sapfb@hawaii.edu
Website: manoa.hawaii.edu/sapfb

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

**This packet was created by the SAPFB Assistants to help expedite the reimbursement process. The required documents for reimbursement 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.
Outside Funding Form
Fees Collected Form

Steps to Successfully Obtain Reimbursement

What SAPFB CANNOT fund
What SAPFB CAN fund
Information for series events

24-hour grace period
What happens to unused monies?
Deadline Extensions
Deadline for Reimbursement

How to Successfully Access Your Award
Receipt Requirements
Line Item Reallocation Information

If your event occurred more than 14 days ago reimbursement is no longer an option. Your award for this event is forfeited for not adhering to deadlines. If you have an extenuating circumstance, contact sapfb@hawaii.edu to explain your situation.

If the 14th day after your event landed on a weekend or non-instructional school day, paperwork will be due the following school day.
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, you may not know what paperwork to retain for reimbursement.

- **Deadline for reimbursement materials:** WITHIN 14 DAYS AFTER AN EVENT
  - Example: If your event concludes on May 1, documents should be submitted to our office by May 15th at the latest.
  - If this date lands on a weekend or holiday, paperwork is due the next 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 20).

- If your organization collected a fee from members/non-members to attend your event, you must turn in a **Fees Collected Form (page 19)** 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 Receipts MUST:**
  - Be ORIGINAL
  - Be ITEMIZED (we will not accept credit card receipts alone)
  - Be DATED
  - Show the VENDOR’S NAME
  - Show the PROOF OF PAYMENT ($0 balance, “PAID” stamp)
  - Show the METHOD OF PAYMENT (card, cash, check)
Each document required for reimbursement must be submitted each time a new reimbursement is requested.
- Example: copies of credit cards must be submitted with each reimbursement packet.

Airfare/lodging itineraries must be compliant with the 24-hour grace period in order to be fully reimbursed for (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.

Shopping cards/gift cards are NOT an allowable form of purchase for reimbursement.

SAPFB is NOT able to reimburse UH Foundation.

Events that are a series:
- You may choose to
  1. Turn in a reimbursement packet after each event ends
  2. Turn in one packet containing all reimbursement requests at the end of last event

  NOTE: Same 14 day deadline applies, regardless of the chosen option.
  WARNING: As more time passes, discrepancies are harder to correct (i.e. receipts missing info). Purchasers will also have to wait longer to be reimbursed.

What we CAN reimburse:
- Food
- Event and project supplies
- Advertising/Printing
- Lodging fees
- Registration fees
- Room/venue rentals
- Equipment rentals
- Non-personnel services
- Airfare to conferences/competitions
- Transportation
- Out-of-State Vehicle Rental Insurance for Collision Damage Waiver only
- 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

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

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,
Reimbursement Q&A

Q: What is a Reimbursement?
   - A way for organizations, departments, and individuals to receive reimbursement from SAPFB for authorized purchases of goods/services relating to the event/program that was specifically funded.

Q: What types of goods/services can be reimbursed?
   - Purchases solely associated with line items on the award letter such as venue or airfare.

Q: Who is eligible for Reimbursement?
   - The organization/department to which the funds were granted
   - Representative(s) of the Organization/Departments to which the funds were granted

Q: What additional documents are required when requesting reimbursement for purchases made with a credit/debit card?
   - Copy of the front of the card showing
     - Only the last 4 digits
     - Name
   - Bank statement showing
     - Only the last 4 digits of card # or account #
     - Name
     - Only the applicable deduction(s)

Q: What additional documents are required when requesting reimbursement for purchases made with a check?
   - Copy of the check
     - Photocopy of the original, OR
     - Copy that has posted to the account
   - Bank statement showing
     - Only the last 4 digits of account #
     - Name
     - Only the applicable check deduction(s)

Q: What’s different about reimbursement requests for purchases made with cash?
   - Receipt(s) MUST state that purchase(s) were made with cash
   - Receipts must be official, containing the name, phone number, and address of the vendor
   - SAPFB may contact the vendor to confirm that cash payment was made
     - Any cash purchases that do not explicitly say it was paid with cash and which cannot be confirmed by the vendor will NOT be reimbursed

Q: What is an Interdepartmental Order (IDO) reimbursement?
   - An IDO allows SAPFB to reimburse UH departments who paid with a UH PO, P-card or through eTravel.
   - The department will need to process an Internal Billing (IB) to retrieve funds after the IDO is processed.
Steps to Successfully Obtain Reimbursement

Complete **WITHIN** 14 Days **AFTER** Event Concludes

**To an Individual**

- **1.** The individual requesting reimbursement must be the *actual purchaser* of the goods/services
  - They must be the cardholder or match the name on the check. If the actual purchaser was paid back by someone else or the organization/department, refer to the “Organization Reimbursed Individual(s) and Now Seeks Reimbursement” section on the Reimbursement to an **Organization** Checklist & Coversheet.

- **2.** Submit Reimbursement to **Individual** Checklist & Coversheet

**To an Organization**

SAPFB processes a PO when reimbursement is to an organization.

**To Generate a PO**

- **1.** The organization requesting reimbursement must be the *actual purchaser* of the goods/services
  - They must be the cardholder or match the name on the check. If the organization requesting reimbursement is not the actual purchaser (they have *ALREADY REIMBURSED INDIVIDUAL(S)* for purchases the individual(s) made on behalf of the organization) refer to the “Organization Reimbursed Individual(s) and Now Seeks Reimbursement” section on the Reimbursement to an **Organization** Checklist & Coversheet.

- **2.** Submit Reimbursement to **Organization** Checklist & Coversheet

- **3.** Wait to receive the PO from an SAPFB Assistant via email
  - SAPFB requires a minimum of *2 weeks* to generate a PO upon receipt of all required and completed documents. PO will then be sent to the organization representative noted on the checklist via email.

**To Satisfy PO**

- **4.** **ONLY IF REQUESTED BY EMAIL** - Submit Final Billing Invoice
  - Organization representative is responsible for submitting Final Billing Invoice from the organization to SAPFB *no later than 14 days after the PO is received.*
SAPFB General **Reimbursement to Individual** Checklist & Coversheet

**Date** submitted to SAPFB

**Organization** name as listed in your Award Letter

**Event title** as listed in your Award Letter

**Organization Representative Name** ____________________________  **Contact Email** ____________________________

✓Please check each box for each document enclosed

NOTE: If individual(s) purchased items but the organization requests to be reimbursed, please see “Reimbursement to Organization” checklist (next page).

Due **WITHIN 14 days** **AFTER** event concludes

**REQUIRED:**

☐ Reimbursement Checklist & Coversheet (this page)
☐ Reimbursement Request Form (pg. 11 below)
☐ Event Flyer **MUST:**
  ☐ Be a flyer, program, brochure, email, etc.
  ☐ Show **Title, Date, & Location**
☐ Receipt Log (pg. 13 below)
☐ Outside Funding Form (pg. 20 below)
☐ Photo copy of debit card, credit card, or check used **MUST:**
  *NOTE: Skip if paid by cash
  ☐ Show only last 4 digits of card # or account #
  ☐ Show name
☐ Bank or credit card statement **MUST:**
  *NOTE: Skip if paid by cash
  ☐ Show only last 4 digits of card # or account #
  ☐ Show name
  ☐ Show only applicable deduction(s)
☐ WH-1 Tax Form (found on SAPFB website)
  *NOTE: E-Signatures ARE NOT ALLOWED. Check will be written out to same name & address listed on this form.
☐ Post Activity Report
  *NOTE: Submit online through website: www.manoa.hawaii.edu/sapfb/awards

**IF APPLICABLE:**

☐ Food, Supplies, Printing, Venue, Shipping Checklist (page 9 below)
☐ Travel Checklist (page 10 below)
☐ Non-Personnel Services (NPS) Checklist (page 11 below)
☐ Fees Collected Form (pg. 19 below)

***Initial if not applicable:_____
**SAPFB Reimbursement to Organization Checklist & Coversheet**

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**Date** submitted to SAPFB

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**Organization** as listed in your Award Letter

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**Event title** as listed in your Award Letter

---

**Organization Representative Name**  
**Contact Email**

✔️Please check each box for each document enclosed

**Due WITHIN 14 Days AFTER event concludes**

**REQUIRED:**

- [ ] Reimbursement Checklist & Coversheet (this page)
- [ ] Reimbursement Request Form (pg. 11 below)
- [ ] Event Flyer **MUST:**
  - [ ] Be a flyer, program, brochure, email, etc.
  - [ ] Show **Title, Date, & Location**
- [ ] Receipt Log (pg. 13 below)
- [ ] Outside Funding Form (pg. 20 below)
- [ ] Photo copy of debit card, credit card, or check used **MUST:**
  - *NOTE: Skip if paid by cash*
  - [ ] Show only last 4 digits of card # or account #
  - [ ] Show name
- [ ] Bank or credit card statement **MUST:**
  - *NOTE: Skip if paid by cash*
  - [ ] Show only last 4 digits of card # **OR** account #
  - [ ] Show name
  - [ ] Show only applicable deduction(s)
- [ ] W-9 Tax Form (found on SAPFB website)
  - *NOTE: E-Signatures ARE NOT ALLOWED. Check will be written out to same name & address listed on the form.*
- [ ] Post Activity Report  
  - *NOTE: Submit online through website: www.manoa.hawaii.edu/sapfb/awards*

**IF APPLICABLE:**

- [ ] Food, Supplies, Printing, Venue, Shipping Checklist (page 9 below)
- [ ] Travel Checklist (page 10 below)
- [ ] Non-Personnel Services (NPS) Checklist (page 11 below)
- [ ] Fees Collected Form (pg. 19 below)
  - ***Initial if not applicable: _____**

**IF ORGANIZATION REIMBURSED INDIVIDUAL(S) AND NOW SEEKS REIMBURSEMENT**

- [ ] Proof of individual’s payment **AND** organization’s reimbursement to individual  
  i.e. purchaser’s card & bank statement **AND** copy of reimbursement check & bank statement or official receipt if reimbursed by cash
- [ ] Signed memo from both parties confirming details of reimbursement
Food, Supplies, Printing, Venue, Shipping Checklist

*NOTE: Items on Reimbursement to Individual or Organization Checklist still apply*

☐ Food/Supplies/Printing

**REQUIRED:**

☐ All receipts **MUST:**
  ☐ Be Original
  ☐ Be Dated
  ☐ Be Itemized
  
  *NOTE: we will not accept credit card receipts alone*
  
  ☐ Show the Vendor's Name
  ☐ Show **Proof of Payment**
  i.e. $0 balance, "Paid" stamp, etc.
  ☐ Show **Method of Payment**
  i.e. card, cash, check

☐ Receipt Form for each receipt (pg. 14 below)
  
  *NOTE: One receipt form for each receipt. Match receipt forms to receipt log.**
  
  **WARNING: DO NOT PLACE TAPE OVER RECEIPT INK**

☐ Receipt Log (pg. 13 below)
  
  *NOTE: Match receipt forms to receipt log*

**IF APPLICABLE:**

☐ If receipt descriptions **ARE NOT OBVIOUS**
  ☐ Clarify Line Items Form (pg. 15 below)

☐ If purchase(s) made 1+ day(s) PRIOR TO EVENT DATE
  ☐ Written & signed explanation for early purchase

☐ Venue/Equipment Rental/Shipping

☐ Itemized invoice or receipt from vendor **MUST** show:
  ☐ Breakdown of items purchased
  ☐ Breakdown of total cost
  ☐ Date(s) for venue use/rental, etc.
  ☐ **Proof of Payment** ($0 balance, “Paid” stamp)
    i.e. $0 balance, “Paid” stamp, etc.
  ☐ Method of payment
    i.e. card, cash, check

☐ Shipping invoices should also contain:
  ☐ Location to which items will be shipped
  ☐ Date of shipment arrival
Travel Reimbursement Checklist

*NOTE: Items on Reimbursement to Individual or Organization Checklist still apply
**If you are a UH faculty or staff employee, travel reimbursements must be completed through an eTravel document.**

☐ 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 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, final total, and payment confirmation (last 4 digits of card number)
  - Departure and arrival locations

☐ ORIGINAL boarding passes (MUST include boarding passes for ALL layovers)

☐ 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

☐ Lodging

☐ Itemized invoice from hotel MUST show:
  - Dates of stay
  - Rate ($) per night and final total
  - Payment Confirmation

☐ Guest names(s) listed in a memo

☐ Flight itinerary for each guest

☐ Compliance with the 24-hour grace period

☐ Registration

☐ Detailed receipt MUST show:
  - Attendee’s name(s)
  - Conference/competition name & date
  - Payment confirmation
  - Cost breakdown and final total

☐ Car Rental

The most economical car class (i.e. economy) must be selected when booking car rentals

☐ Detailed receipt MUST show:
  - Rate ($) per day and final total
  - Rental dates
  - Proof of Payment (i.e. $0 balance, “Paid” stamp, etc.)

☐ If there is an extenuating circumstance that restricts you from choosing an economy class car:
  - Memo justifying reason for purchasing a different class of car
  - Car comparison for the same dates/times this car was booked
    Sample: http://www.manoa.hawaii.edu/sapfb/forms.html
Non-Personnel Services (NPS) Checklist
Guest Speakers, Performers, Security

*NOTE: Items on Reimbursement to Individual or Organization Checklist still apply

☐ Reimbursement to Purchasing Organization
☐ Letter of Invitation
   NOTE: From organization to service provider
☐ Letter of Acceptance
   NOTE: From service provider to organization
☐ Contract between two parties
   NOTE: email sapfb@hawaii.edu for blank template
☐ Invoice that bills organization for vendor’s service(s)
☐ Proof of payment to service provider
   ☐ Copy of check paid to service provider
   ☐ Copy of bank statement showing check deduction

☐ Reimbursement to Purchasing Individual
WARNING: An individual should not pay with personal funds, as the contract is between the vendor and the organization/department. If the situation cannot be avoided, please provide memo in bullet #1.

☐ Memo explaining why organization/department did not pay for NPS
☐ Memo explaining why service provider wasn’t paid directly by SAPFB
☐ Letter of Invitation
   NOTE: From organization to service provider
☐ Letter of Acceptance
   NOTE: From service provider to organization
☐ Contract between two parties
   NOTE: email sapfb@hawaii.edu for blank template
☐ Invoice for service(s)
☐ Proof of Payment to service provider
   ☐ Copy of check paid to service provider
   ☐ Copy of bank statement showing check deduction
SAPFB Reimbursement Request Form

PLEASE PRINT CLEARLY OR TYPE IN ALL INFORMATION.
COMPLETE ONE FORM FOR EACH INDIVIDUAL OR GROUP BEING REIMBURSED.

☐ Check here if this is a reimbursement to an organization
☐ Check here if this is a reimbursement to an individual

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):
☐ Organization
☐ Organization’s Representative
☐ 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 is not a UH Student Resident Housing address.
☐ Check here to confirm the above address matches the WH-1 or W-9 address.
WARNING: e-signatures are NOT acceptable on tax forms.

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

Is the payee employed by the University of Hawaii in any capacity?
☐ YES (Faculty/Staff) ☐ YES (Graduate Assistant/Student Employee) ☐ NO

If yes, please provide job title and bargaining unit (if applicable) above

Employee: faculty or staff that works at UH or student employee of UH.
Non-employee: students not working as student employees such as stipend-earning students and organization groups.

I certify that the payee has incurred these expenses on behalf of the organization for the purposes stated above.

Signature: By member NOT being reimbursed
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: ____________________________________________
SAPFB

Receipt Log for Reimbursement of Expenditures

Instructions:

- All receipts must be individually and neatly taped to a blank copy of the “SAPFB Receipt Form Template” included in this packet.
- All receipts must be itemized originals. Photocopies and credit card receipts are not acceptable. Credit card receipts can additionally be submitted as proof of payment but they cannot take the place of an itemized original.
- Number each receipt and correspond the receipt/invoice (#) to the receipt (#) below.
- All receipts must have the vendor’s name, date, itemized purchases, proof of payment, and method of payment.
- Any additional supporting documents for purchases may be requested under special circumstances.
- Make additional copies of the Receipt Log as needed, totaling the amount requested at the bottom of the last page.

<table>
<thead>
<tr>
<th>Receipt #</th>
<th>Vendor/Company</th>
<th>Line item (i.e. food) from Award Letter</th>
<th>Date of receipt</th>
<th>Date of event</th>
<th>Amount to reimburse from this receipt</th>
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Reimbursement Total: ________________________

(Shall not exceed the award total)
**SAPFB Clarify Line Items Form**

Make additional copies as needed

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**Receipt #**

Name of Individual or Organization who **Purchased** Item(s)

Name of Individual or Organization **Receiving Reimbursement** (if different from purchaser)

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**DO NOT COPY ITEM DESCRIPTION FOR “ITEM CLARIFICATION.”**

**Describe the unclear items.***

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**Award Category**

**EX:** TC WHT RND

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Subtotal $__________

Tax $__________

**Receipt Total** $__________
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Subtotal $________________

Tax $________________

Receipt Total $________________
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 ____________________________

Reimbursement IDO: Due **WITHIN** 14 Days **AFTER** Event

**REQUIRED:**
- □ IDO Checklist & Coversheet (this page)
- □ IDO Request Form (next page)
- □ Original invoice or receipt **MUST:**
  - □ Be Itemized with cost per item
  - □ Show Event date
  - □ Show Organization, Event, & Representative name
  - □ Show Department (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. 20)

**IF APPLICABLE:**
- □ Food, Supplies, Printing, Venue, Shipping Checklist
- □ Travel Checklist
- □ Non-Personnel Services (NPS) Checklist
- □ Fees Collected Form (pg. 19)
  - ***Initial if not applicable: _______
- □ If department paid vendor through P-card:
  - □ P-card image with name and last 4 digits showing
  - □ Bank statement with applicable transactions only
- □ If department paid vendor through KFS (UH PO):
  - □ KFS Purchase Order Copy
  - □ KFS Payment Confirmation Copy (check cleared payment status)
- □ If department processed an eTravel document:
  - □ Copy of the eTravel completion form.

*After the IDO is approved by SAPFB:* The department that is being reimbursed must process an Internal Billing (IB) through KFS in order for the reimbursement to be released to their UH account.
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 reimbursed

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 reimburse receipt total(s) (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

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, you confirm the information you provided is accurate to the best of you and your 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 attendees

<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