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/direct payment process. The required documents for reimbursement/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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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 or you may not know what paperwork to retain for reimbursement!

- **Deadline for reimbursement** materials: NO LATER THAN 14 DAYS AFTER AN EVENT OCCURS
- **Deadline for direct payment** paperwork: NO LATER THAN 6-8 WEEKS BEFORE AN EVENT BEGINS
  - If any of these dates land on a weekend or holiday, paperwork will be due the following school day
- Extension deadline for corrected/missing documents: THREE ATTEMPTS from SAPFB to receive 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 aforementioned deadlines, funding will be forfeited automatically.**

  **NO LATE PACKETS/DOCUMENTS WILL BE ACCEPTED.**

**Reminders:**

- **NO AUTOMATIC RE-ALLOCATION** of funds is 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 the request within 7 business days.

- **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/direct payment must be submitted each time a new reimbursement/direct payment is requested.
  - Example: photo copies of credit cards must be submitted with each reimbursement packet even if the same copy has been submitted before.

- **Airfare/lodging itineraries to the Continental US and Foreign Countries must be compliant** with the 24-Hour Rule in order to be fully reimbursed/paid for (explanation of 24-Hour Rule on the Travel Reimbursement Checklist). For Interisland flights, travel itineraries must be arranged to arrive and depart on the first and last day of the event. Interisland travel does not have a 24 hour grace period.

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

SAPFB is **NOT** able to reimburse/directly pay UH Foundation.

**Direct payment requests with invoices exceeding $2,500 requires a bid request and award via SuperQuote on the CommercePoint website: www.commercepoint.com.** Contact SAPFB for specific details.

### What we **CAN** fund:
- Food
- Event and project supplies
- Advertising/Printing
- Lodging fees can ONLY be reimbursed (SAPFB is unable to process a Purchase Order for lodging).
- Registration fees
- Room/venue rentals
- Equipment rentals
- Non-personnel services
- Airfare to conferences/competitions
- Transportation
- **Out-of-State** Vehicle Rental Insurance (*Collision Damage Waiver only*)

### What we **CANNOT** fund:
- 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
  - Example: 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
  - Example: computers for your organization

Please maintain open communication with SAPFB at sapfb@hawaii.edu if your organization experiences circumstances beyond your control. 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 reimbursement/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/program that was specifically funded.
- A direct payment is done with a Purchase Order (PO).

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.

Q: What goods/services can be paid for with Direct Payment?

- Purchases solely associated with line items on the award letter
  - Examples:
    - Non-Personnel Services
    - Catering
    - Lodging
    - Airfare (via Travel Agency)
    - Advertising/Photocopying
    - Venue/Equipment Rental

Q: Who is eligible for Direct Payment?

- ONLY vendors that accept UH Purchase Orders and are in “good standing” to do business within the State of Hawai‘i.
- If the desired vendor does not accept UH POs or is not in good standing, regardless of the amount, SAPFB WILL NOT directly pay them. 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**

- Direct Payment must be requested 6-8 weeks before the desired event occurs
- All documents outlined on the General Direct Payment Checklist & Coversheet must be submitted
  - If direct payment is requested for Non-Personnel Services (NPS), documents outlined on the Non-Personnel Services (NPS) checklist under “Direct Payment to Service Provider” must also be submitted
- After submitting all required and completed documents to SAPFB, the PO will be generated and sent to the organization representative noted on the Checklist & Coversheet and to the vendor

**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 billed to the University of Hawaii.
Steps to Successfully Pay a Vendor Directly

Complete Prior to the 6-8 Week Paperwork Deadline

☐ 1. Verify your desired vendor accepts UH Purchase Orders (POs)
   If desired vendor does not accept UH PO’s, you must either choose a different vendor that does, or personally cover the costs and submit reimbursement paperwork instead.

☐ 2. Verify your desired vendor is in “good standing” to do business in the State of Hawai’i and registered with Hawai’i Compliance Express (HCE)
   If desired vendor is not deemed compliant, SAPFB will not directly pay them. Contact sapfb@hawaii.edu to double check.

☐ 3. Ensure desired cost of good(s)/service(s) for a single line item does not exceed $2,500
   If desired cost exceeds $2,500 regardless of the amount SAPFB will directly pay, a bid via SuperQuote on the CommercePoint website must be generated. For help on creating a bid on SuperQuotes, please contact sapfb@hawaii.edu.

Complete Within 6-8 Weeks Before Event

To Generate PO

☐ 4. Submit General Direct Payment Checklist & Coversheet
   Submit all documents listed on the checklist to SAPFB

☐ 5. Submit Non-Personnel Services (NPS) Checklist (if applicable)
   Submit all documents listed on this checklist and the General Direct Payment Checklist to SAPFB (for performers, guest speakers, etc)

☐ 6. 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 and to the vendor via electronic, postal, or campus mail. If you wish to hand deliver the PO to the vendor, inform SAPFB with original submittal of documents.

Complete Within 14 Days After Event

To Satisfy PO

☐ 7. Submit Final Billing Invoice (billed to the University of Hawaii)
   (see General Direct Payment Checklist)

☐ 8. Submit Post-Activity Report
   (see General Direct Payment Checklist)
SAPFB **General Direct Payment** Checklist & Coversheet

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Organization name as listed in your Award Letter

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Event title as listed in your Award Letter

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<table>
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<tr>
<th>Organization Representative Name</th>
<th>Contact Email</th>
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**Date submitted to SAPFB**

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**Due within 6-8 Weeks *Before* Event**

To Generate PO

- [ ] General Direct Payment Checklist & Coversheet (this page)
- [ ] SuperQuotes Checklist – submit this checklist (next page) if your invoice for a single line item exceeds $2,500 regardless of the amount SAPFB awarded.
- [ ] *Quote/Initial Invoice **MUST:**
  - [ ] Be Itemized
  - [ ] Be Dated
  - [ ] Show Vendor/Service Provider’s Name & Address
- [ ] Event Flyer **MUST:**
  - [ ] Be a flyer, program, brochure, email, etc.
  - [ ] Show Title, Date, & Location
- [ ] Direct Payment Request Form (below)
- [ ] Tax Form from vendor/service provider
  - [ ] WH-1 (if vendor/service provider is an individual)
  - [ ] W-9 (if vendor/service provider is a company)
  
  *Find most updated tax forms on our website*

- [ ] List of names and income made per person (Submit this list only if your organization collected a fee from members/non-members to help pay for this specific event).

---

**Due within 14 Days *After* Event**

To satisfy PO

- [ ] Final Billing Invoice (billed to the University of Hawaii) from vendor/service provider to SAPFB
- [ ] Post-Activity Report (submitted online through website)

*Failure to submit initial DP forms at least 6-8 weeks prior to event results in no direct payment option!*

Please note: The check will be written out to the same name and address as indicated on the WH-1 and W-9 forms.
SAPFB SuperQuotes Checklist

Direct payment requests with invoices exceeding $2,500 requires a bid request and award via SuperQuote on the CommercePoint website: www.commercepoint.com. To ensure your organization has the required documents, please follow the checklist below.

**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 your organization belongs to, 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 in your description of required services so that bidders are aware of your requirements.
  - The Open and Close dates represent the duration that bidding activity is allowed; 1 week is an appropriate time to give bidders.

- Submit and Print your request.

**After the bidding period ends:**

- Make sure the winning bidder is vendor compliant. Email sapfb@hawaii.edu to check.

**Submit the following with your direct payment request packet:**

- The original request for quotation form that you printed in the above steps.
- The bid responses sheet that shows the vendors that did not receive an award and the vendor that did receive the award.
- The request for quotation form from the winning bidder showing the detail of their services and amount.
- The request for quotation form from each of the bidders that did not win.

From here, submit the remaining required documents that are found on the General Direct Payment Checklist of the previous page starting from the red asterisk.*
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 such as CCMES, CC Marketing and Graphics, or reimbursement for payments made through KFS, use IDO forms found towards the end of this document instead.

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
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: __________________________
Reimbursement Q&A

Q: What is a Reimbursement?
A: A way for organizations 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?
A: Purchases solely associated with line items on the award letter
   Examples:
   - Food/Food Supplies
   - Printing/Advertising
   - Airfare
   - Lodging
   - Venue/Equipment Rental
   - Non-Personnel Services

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

Q: What additional documents are required when requesting reimbursement for purchases made with a credit/debit card?
A: Copy of the front of the card showing
   - Only the last 4 digits
   - Name
   Bank statement showing
   - Only the last 4 digits of card #
     - If your bank statement only shows the last 4 digits of your account # instead of your card #, additional documents may be requested by an SAPFB assistant to verify user.
   - Name
   - Only the applicable transaction(s)

Q: What additional documents are required when requesting reimbursement for purchases made with a check?
A: 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?
A: 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 are not explicitly shown on receipt and cannot be confirmed by the vendor will not be reimbursed
Steps to Successfully Obtain Reimbursement

Complete within 14 Days After Event

To an Individual

☐ 1. Ensure that the individual requesting reimbursement is the actual purchaser of the goods/services
   They must be the cardholder or match the name on the payment check

   If individual requesting reimbursement is not the actual purchaser, refer to the “Additional Documents if Organization Reimbursed Individual(s) and Now Seeks Reimbursement” section on the Reimbursement to an Organization Checklist & Coversheet.

☐ 2. Submit Reimbursement to Individual Checklist & Coversheet
   ☐ 2a. Food/Supplies/Printing/Venue Checklist (if applicable)
   ☐ 2b. Travel Checklist (if applicable)
   ☐ 2c. Non-Personnel Services (NPS) Checklist (if applicable)

To an Organization

When SAPFB processes a reimbursement to an organization, we will be creating a PO written out to the organization.

To Generate PO

☐ 1. Ensure that the organization requesting reimbursement is the actual purchaser of the goods/services
   They must match the name on the payment check

   If 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 and must now be reimbursed by SAPFB), refer to the “Additional Documents if Organization Reimbursed Individual(s) and Now Seeks Reimbursement” section on the Reimbursement to an Organization Checklist & Coversheet.

☐ 2. Submit Reimbursement to Organization Checklist & Coversheet
   ☐ 2a. Food/Supplies/Printing/Venue Checklist (if applicable)
   ☐ 2b. Travel Checklist (if applicable)
   ☐ 2c. Non-Personnel Services (NPS) Checklist (if applicable)

☐ 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. Submit Final Billing Invoice billed to the University of Hawaii
   - Organization representative is responsible for submitting Final Billing Invoice from the organization to SAPFB no later than 14 days after the PO is received billed to the University of Hawaii.
SAPFB General Reimbursement to Individual Checklist & Coversheet

Organization name as listed in your Award Letter

Event title as listed in your Award Letter

Organization Representative Name

Contact Email

Date submitted to SAPFB

Due within 14 Days After Event

☐ General Reimbursement Checklist & Coversheet (this page)
  ☐ Food/Supplies/Printing/Venue Checklist (if applicable)
  ☐ Travel Checklist (if applicable)
  ☐ Non-Personnel Services (NPS) Checklist (if applicable)

☐ Reimbursement Request Form (below)

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

☐ Receipt Log (below)

☐ WH-1 Tax Form (on website) Please note: The check will be written out to the same name and address as indicated on the WH-1 form

☐ List of names and income made per person (Submit this list only if your organization collected a fee from members/non-members to help pay for this specific event).

☐ Post Activity Report (submitted online through website)

☐ Debit/Credit Card

☐ Copy of front MUST show:
  ☐ Last 4 digits only
  ☐ Name

☐ Bank Statement MUST show:
  ☐ Last 4 digits of card # only
  ☐ Name
  ☐ Applicable transaction(s) only

☐ Check

☐ Copy of check
  ☐ Photocopy of original or copy that has posted to account

☐ Bank Statement MUST show:
  ☐ Last 4 digits of account # only
  ☐ Name
  ☐ Applicable check deduction(s)
SAPFB Reimbursement to Organization Checklist & Coversheet

Organization as listed in your Award Letter

Event title as listed in your Award Letter

Organization Representative Name  Contact Email

Date submitted to SAPFB

Due within 14 Days After Event

To Generate PO

☐ General Reimbursement Checklist & Coversheet
  ☐ Food/Supplies/Printing/Venue Checklist (if applicable)
  ☐ Travel Checklist (if applicable)
  ☐ Non-Personnel Services (NPS) Checklist (if applicable)
☐ Reimbursement Request Form (below)
☐ Event Flyer MUST:
  ☐ Be a flyer, program, brochure, email, etc.
  ☐ Show Title, Date, & Location
☐ Receipt Log (below)
☐ Photocopy of card or check (if paid by cash please skip this step)
☐ Bank statement MUST show: (if paid by cash please skip this step)
  ☐ Last 4 digits of card # or account # only
  ☐ Name
  ☐ Applicable deduction(s)
☐ W-9 Tax Form (on website)  Please note: The check will be written out to the same name and address as indicated on the W-9 form
☐ Post-Activity Report (submitted online through website)

Addt’l Docs If Organization Reimbursed Individual(s) and Now Seeks Reimbursement

☐ Proof of original purchase (Card copy and statement from purchaser)
☐ Proof of individual’s reimbursement from organization (Check copy and statement from organization or official receipt if cash reimbursement)
☐ Signed letter from both parties confirming details of reimbursement

Due within 14 Days After Receiving PO

To satisfy PO

☐ Final Billing Invoice from organization to SAPFB
SAPFB Food/Supplies/Printing/Venue/Shipping
Reimbursement Checklist

***Items on Reimbursement to Individual or Organization Checklist still apply, please review the listed items before continuing***

- Food/Supplies/Printing
  - All receipts MUST:
    - Be Original
    - Be Dated
    - Be Itemized (we will not accept credit card receipts)
    - Show the Vendor’s Name
    - Show Proof of Payment ($0 balance, “Paid” stamp)
    - Show Method of Payment (card, cash, check)
  - Receipt Form for each receipt (below)
    - Receipts individually numbered on each template, corresponding to the receipt log
    - DO NOT PLACE TAPE OVER RECEIPT INK
  - Receipt Log (below)
    - Matched to each Receipt Form

If descriptions of items purchased on receipt are less than obvious:
- Clarify Line Items Form

If food was purchased 1+ day(s) prior to event:
- Written & signed justification for early purchase

- Venue/Equipment Rental/Shipping
  - Itemized invoice/receipt from venue site MUST show:
    - Breakdown of items purchased
    - Breakdown of total cost
    - Date(s) for venue use/rental etc
    - Proof of Payment ($0 balance, “Paid” stamp)
    - Shipping only: location the items will be shipped to and date of shipment arrival.
    - Method of Payment (card, cash, check)
SAPFB Travel Reimbursement Checklist

***Items on Reimbursement to Individual or Organization Checklist still apply, please review the listed items before continuing***

☐ Airfare

*If you are a UH faculty or staff employee, travel reimbursements must be completed through an eTravel document.

24-Hour Rule

(ONLY APPLIES TO MAINLAND FLIGHTS – for interisland flights, arrival and departure times must be on the same start and end dates of the event respectively.)

- 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

**If desired itinerary does not comply, SAPFB will reimburse up to the amount of an approved itinerary via comparison

☐ Travel Itinerary MUST show:
  - □ Airline dates of travel (compliant with 24-Hour Rule)
  - □ Passenger name(s)
  - □ Payment confirmation

☐ ORIGINAL boarding passes for each layover

Example:
1 boarding pass for Honolulu to Washington D.C., 1 boarding pass for Washington D.C. to Orlando,
1 boarding pass for Orlando to Washington D.C. and 1 boarding pass for Washington D.C. to Honolulu

☐ Lodging *reimbursement only

☐ Itemized invoice from hotel MUST show:
  - □ Dates of stay
  - □ Rate ($)/Night
  - □ Payment Confirmation

☐ Guest names(s) listed in a memo

☐ Flight itinerary for each guest (if out of state/country/interisland)

☐ Compliance with the 24-Hour Rule

☐ Registration

☐ Detailed receipt MUST show:
  - □ Attendee’s name(s)
  - □ Conference/Competition Name & Date
  - □ Payment confirmation

☐ Car Rental

☐ Detailed receipt MUST show:
  - □ Rate ($)/Day
  - □ Rental Dates
  - □ Proof of Payment
SAPFB Non-Personnel Services Checklist
Guest Speakers, Performers

***General Reimbursement/Direct Payment Checklist items still apply***

- Direct Payment to Service Provider
  - To Generate PO to service provider – Before Event
    - Letter of Invitation
    - Letter of Acceptance
    - Contract between two parties
    - Quote/Initial Invoice for service(s) – see General Direct Payment Checklist
  - To satisfy PO – After Event
    - Final Billing Invoice from Service Provider—billed to the University of Hawaii

- Reimbursement to Purchasing Organization
  - To Generate PO to organization – After Event
    - Letter of Invitation
    - Letter of Acceptance
    - Contract between two parties
    - Invoice for service(s)
    - Proof of Payment to Service Provider
      - Copy of check paid to Service Provider
      - Copy of statement showing check deduction
  - To satisfy PO – After Event
    - Final Billing Invoice to SAPFB from Organization

- Reimbursement to Purchasing Individual
  - Letter of Invitation
  - Letter of Acceptance
  - Contract between two parties
  - Invoice for service(s)
  - Proof of Payment to Service Provider
    - Copy of check paid to Service Provider
    - Copy of statement showing check deduction
  - Explanation why Service Provider was not paid directly by SAPFB
**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 your WH-1 or W-9 address.

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.
- 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>Category drawn from on Award Letter</th>
<th>Date of Invoice/Receipt</th>
<th>Amount being reimbursed from receipt</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Reimbursement Total: ____________________

(Shall not exceed the award total)
SAPFB Receipt Form Template
Use one sheet per receipt. Make additional copies as needed.

DO NOT PLACE TAPE OVER INK

Place receipt here
(If your receipt is larger than this space, fill out the box at the right and staple receipt to this page)

DO NOT PLACE TAPE OVER INK

RECEIPT #_________
of #_________

Place of purchase
(business/vendor name):
____________________________________________

Name of Purchaser:
____________________________________________

Date of receipt:
_____________________

Award line item(s) to draw funds from:
____________________________________________

Payment Method:
_____________________

Card # (only last four digits if applicable):
_____________________

Amount being reimbursed from receipt (matched to receipt log):
$_____________________

SAPFB Receipt Form Template
Make additional copies as needed.
SAPFB Clarify Line Items Form
Make additional copies as needed

Receipt #

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

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

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Date of Receipt</th>
<th>Amount being reimbursed from receipt</th>
</tr>
</thead>
</table>

*DO NOT COPY ITEM DESCRIPTION FOR “ITEM CLARIFICATION.”*  
**Clarify the items with ambiguous receipt descriptions.** *

Award Category

<table>
<thead>
<tr>
<th>EX: TC WHT RND</th>
<th>Table Cloth, White &amp; Round</th>
<th>$1.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item Description Verbatim From Receipt</td>
<td>Item Clarification</td>
<td>Item Amount</td>
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<tr>
<td>Item Description Verbatim From Receipt</td>
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<td>Item Clarification</td>
<td>Item Amount</td>
</tr>
</tbody>
</table>

Subtotal $_____________

Tax $_____________

Receipt Total $_____________
SAPFB InterDepartmental Order (IDO) Checklist & Coversheet

Department or Organization

Date submitted to SAPFB

Event title as listed in your Award Letter

Organization Representative Name

Contact Email

Direct Payment IDO: Due 6-8 Weeks BEFORE Event
SAPFB can process IDOs to UH Departments (i.e. Ka Leo, CCMES, Marketing & Graphics, etc)
☐ Food/Supplies/Printing/Venue Checklist (if applicable)
☐ Invoice MUST:
   ☐ Be Itemized, dated and show Vendor/Service Provider’s Name and address
☐ Event Flyer MUST:
   ☐ Be a flyer, program, brochure, email, etc.
   ☐ Show Title, Date, & Location
☐ IDO Request Form (next page)
☐ List of names and income made per person (Submit this list only if your organization collected a fee from members/non-members to help pay for this specific event).

Reimbursement IDO: Due within 14 Days AFTER Event
If department paid vendor through KFS and seeks reimbursement from SAPFB
☐ Food/Supplies/Printing/Venue Checklist (if applicable)
☐ Travel Checklist (if applicable)
☐ Non-Personnel Services (NPS) Checklist (if applicable)
☐ Original Invoice from vendor MUST:
   ☐ Be Itemized, dated and show Vendor/Service Provider’s Name and address
☐ Event Flyer MUST:
   ☐ Be a flyer, program, brochure, email, etc.
   ☐ Show Title, Date, & Location
☐ KFS Purchase Order Copy
☐ KFS Payment Confirmation Copy (check cleared payment status)
☐ IDO Request Form (next page)
☐ List of names and income made per person (Submit this list only if your organization collected a fee from members/non-members to help pay for this specific event).
SAPFB IDO Request Form

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

☐ Check here if this is a Direct Payment IDO to a UH department/business

☐ Check here if this is a Reimbursement to an organization/UH department who paid through KFS

If this is a Direct Payment to an outside vendor/individual, use Direct Payment documents instead.

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 being reimbursed/directly paid

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: ______________________________