Accessing Funds Packet
2015

Student Activity and Program Fee Board (SAPFB)
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Website: manoa.hawaii.edu/sapfb

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

The SAPFB may request additional supporting documents under special circumstances.

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.
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(**) Indicates a document that must be submitted, depending on the desired reimbursement/direct payment
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 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)

- 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 to a single vendor 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
- 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
- Tips or gratuities
- Costs related to the planning or presentation of fundraising events and membership drives
  - 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), 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 for goods/service received AFTER an event occurs.

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 POs 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.

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
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) do not exceed $2,500 to one vendor
   If desired cost exceeds $2,500 to one vendor, a bid via SuperQuote on the CommercePoint website must be generated. Contact sapfb@hawaii.edu for assistance.

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 (see General Direct Payment Checklist)

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

_________________________________________________________

Organization

Event title as listed in your Award Letter

__________________________________

Organization Representative Name

__________________________________

Contact Email

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

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

To Generate PO

☐ General Direct Payment Checklist & Coversheet

☐ 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

☐ Tax Form from vendor/service provider
  ☐ WH-1 (if vendor/service provider is an individual)
  ☐ W-9 (if vendor/service provider is a company)

**Due within 14 Days After Event**

To satisfy PO

☐ Final Billing Invoice 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!*
Q: What is a Reimbursement?
- 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?
- 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?
- 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?
- Copy of the card front showing
  - Only the last 4 digits
  - Name
- Bank statement showing
  - Only the last 4 digits of account #
  - Name
  - Only the applicable transaction(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 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" checklist listed 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. NPS Checklist (if applicable)

To an 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" checklist listed 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. 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
   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

________________________________________________________
Organization

________________________________________________________
Event title as listed in your Award Letter

<table>
<thead>
<tr>
<th>Organization Representative Name</th>
<th>Contact Email</th>
</tr>
</thead>
</table>

**Due within 14 Days After Event**

- General Reimbursement Checklist & Coversheet
  - Food/Supplies/Printing/Venue Checklist *(if applicable)*
  - Travel Checklist *(if applicable)*
  - 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)*
- 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 account # 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

Event title as listed in your Award Letter

Organization Representative Name  Contact Email

Due Within 14 Days After Event

To Generate PO

☐ General Reimbursement Checklist & Coversheet
  ☐ Food/Supplies/Printing/Venue Checklist (if applicable)
  ☐ Travel Checklist (if applicable)
  ☐ 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)

☐ 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)

☐ W-9 Tax Form (on website)

☐ Post-Activity Report (submitted online through website)

Add’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 Reimbursement Checklist

*** Reimbursement to Individual or Organization Checklist items still apply ***

☐ 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 receipt descriptions 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

☐ Itemized invoice/receipt from venue site **MUST** show:
  ☐ Breakdown of items purchased
  ☐ Breakdown of total cost
  ☐ Proof of Payment ($0 balance, “Paid” stamp)
  ☐ Method of Payment (card, cash, check)
SAPFB Travel Reimbursement Checklist

***Reimbursement to Individual or Organization Checklist items still apply***

☐ Airfare

24-Hour Rule
- 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.
  - 1 boarding pass for Washington D.C. to Honolulu

☐ Lodging
  ☐ 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)
    ☐ 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 to SAPFB from Service Provider

- **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 OR TYPE ALL INFORMATION.
COMPLETE ONE FORM FOR EACH INDIVIDUAL OR GROUP
BEING REIMBURSED.

FROM:
Name of Organization ____________________________________________
Name of Individual Being Reimbursed __________________________________
Federal Tax I.D. (EIN) ____________________________________________
Mailing Address (# and street) _______________________________________
Mailing Address (# and street) _______________________________________
City ___________________________ State ___________ Zip _____________
City ___________________________ State ___________ Zip _____________
Name of Event – as stated on award letter ____________________________
Date of Event ___________________________________________________
Time of Event (start to finish) _______________________________________ 
Location of Event _________________________________________________

TO: SAPFB

Please make check payable to (check one only):
☐ Organization ☐ Organization’s Representative ☐ Other Organization Member

Name:____________________________________________________________________________________________________________________
Mailing Address (# and street):_________________________________________________________________________________________
City, State, Zip: __________________________________________________________ Phone: ________________________________

Is the payee employed by the University of Hawaii in any capacity?
☐ YES ☐ NO If yes, please provide job title and bargaining unit (if applicable) below:
________________________________________________________________________________________________________________________________________________________

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/ Title __________________________________________ 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 neatly taped to a blank copy of the “SAPFB Receipt Form Template” included in this packet.
- All receipts must be the 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>
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</tr>
</tbody>
</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

RECEIPT # _________
of #_________

Vendor:
______________________________________

Name of Purchaser:
______________________________________

Date of receipt:
_______________

Payment Method:
_______________

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

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

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

(DO NOT PLACE TAPE OVER INK)
# 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount being reimbursed from receipt:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

Clarify the items with ambiguous receipt descriptions.*

---

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

---

Subtotal $________________

Tax $________________

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

_________________________________________________________________________
Department or Organization

_________________________________________________________________________
Event title as listed in your Award Letter

_________________________________________________________________________
Organization Representative Name ____________________________ Contact Email ____________________________

Direct Payment IDO: Due 6-8 Weeks BEFORE Event
Ka Leo, Meeting & Event Services, Marketing & Graphics

☐ 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

Reimbursement IDO: Due within 14 Days AFTER Event
If department paid vendor through KFS and seeks reimbursement from SAPFB

☐ Original Invoice from vendor 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

☐ KFS Purchase Order Copy
☐ KFS Payment Confirmation Copy (check cleared payment status)