

# BANK CREDIT CARD PAYMENT AUTHORIZATION

## *Auxiliary Accounting*

5500 University Parkway. San Bernardino, CA 92407

Main (909) 537-7213 Fax (909) 537-7175

ASI     PHL     SUN     UEC

**Submit original receipts to accounting within 10 days of purchase**

Cardholder Name (Please Print)	Date	Phone
Home Address, City, State, Zip Code		
Vendor	Last 4 Digits of CC#	
Guest/ Company		

PEOPLESOFT CHARTFIELD

Account	Fund	Dept	Program	Class	Project	Amount
<b>Total</b>						

Check off the appropriate mission or annotate if not already on the form on how the proposed expenditure will benefit the educational mission of CSUSB. **Please provide a complete description of the item(s) purchased or service(s) provided. (Required on all disbursements).**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Student Support<br><input type="checkbox"/> Capital Campaign<br><input type="checkbox"/> Cultural Activity<br><input type="checkbox"/> Other (Please Specify) | <input type="checkbox"/> Educational Program<br><input type="checkbox"/> Technology Development<br><input type="checkbox"/> Partnership Building | <input type="checkbox"/> Sponsored Program Activities<br><input type="checkbox"/> Faculty/Staff Development<br><input type="checkbox"/> Cultivate Donors (Provide attendees) |
|--|--|--|

Description/Purpose: \_\_\_\_\_  
 \_\_\_\_\_

Prepared by (Please Print) \_\_\_\_\_ Phone or Ext \_\_\_\_\_ Date \_\_\_\_\_

I CERTIFY THAT: this expenditure is for the primary objective and goal of aiding and supplementing the instructional and service activities of CSUSB.

Approved By (Please Print) \_\_\_\_\_

Account Authorized Signature Approval \_\_\_\_\_ Date \_\_\_\_\_

<b>Auxiliary Use Only</b>
Vendor Number: _____
Voucher Number: _____
Budget Approval: _____

## BANK CREDIT CARD PAYMENT AUTHORIZATION

A Bank Credit Card Payment Authorization form must be completed whenever credit card charges are made on an approved credit card. The cardholder is responsible to ensure that the proper Auxiliary account is charged for the purchase and that sufficient funds are available in the account. All transactions purchased cannot exceed the \$1000 limit (including deliver, shipping and/or special handling charges).

Purchases must be for the use and benefit of CSUSB. No personal or travel related purchases are allowed. Cardholder would need to include a proper receipt when making a purchase and returning receipt to Auxiliary Accounts Payable Office. The form and receipts must be turned in immediately to the Auxiliary after purchase. Late submissions could result in late penalties and interest charges from the credit card company.

### 1. Bank Credit Card Payment Authorization

### 2. Please select business unit that activity has occurred in.

ASI	Associated Students, Inc.
PHL	Philanthropic Foundation
SUN	San Manuel Student Union
UEC	University Enterprises Corporation at CSUSB

### 3. Personal Information

Cardholder - Name of the person on the credit card

Date - The date you are filling out the request

Phone - Home phone number of Cardholder

Home Address - Home address of Cardholder

Guest/Company- Accompany of the Cardholder

Last 4 Digits of Credit Card- Please provide last 4 digits of credit card number

Vendor- List the vendor name where the credit card was charged at

### 4. Peoplesoft Chartfield

Enter the account, fund, dept., project, and amount.

### 5. Mission- Check off appropriate mission on how the proposed expenditure will benefit the educational mission of CSUSB.

### 6. Description/Purpose- A notation identifying how the event benefited the University/Auxiliary business purpose.

### 6. Certification

If you are receiving reimbursement from more than one source, you must provide information concerning that source to prevent duplication payment/reimbursement.

### 7. Prepared By

Person preparing the Bank Credit Card Payment Authorization Form

### 8. Claimant (Cardholder)

Person who is requesting the reimbursement

### 9. Approved By

An authorized signer on the account must approve and date the reimbursement form.

### **10. Cardholder is responsible to report the lost of the credit card immediately to the issuing bank, Citizens Business Bank- 800/673-1044, and to the Auxiliary Business Office 909/537-5918.**

Submit the request to Auxiliary Accounts Payable Office for Reimbursement.

Failure to complete all requested information will be returned to preparer.