

DIRECT EXPENDITURE FORM

CSU, San Bernardino -- Accounts Payable x75155

Date: _____

Vendor/Claimant Name: _____

Dept: _____

Remittance Address: _____

Contact & Ext.# _____

Address is **mandatory**
if not on attached
documentation.

E-mail Address _____

Amount: _____

Signature: _____

(Authorized to charge account)

Printed Name of Approver: _____

Account	Fund	DeptID	Class	Project

(Please provide complete and accurate account information in the box above to avoid delays or returns.)

MANDATORY: Please explain purpose/benefit to the university of this expenditure request:

THE ORIGINAL AND ONE COPY OF THE INVOICE/ORDER FORM/APPLICATION MUST BE INCLUDED WITH THE SIGNED ORIGINAL OF THE DIRECT EXPENDITURE FORM.

Instructions regarding direct expenditure submittals may be found on the Procedures section of the Accounts Payable Office web page. Please review those instructions prior to completing form and submitting request. If you have any unanswered questions regarding this form or what may qualify as a direct expenditure, please contact Accounts Payable at x75155 prior to submitting your payment request.

PLEASE CHECK APPROPRIATE ITEMS BELOW

(For quicker results, please consider use of the Procurement Card for items in columns A and B.)

A

- Subscription
- Permit/License Fee
- Accreditation Fee
- Game Guarantee
- Game Official (organization only)
- College of Extended Learning Tour Arrangement

B

- Membership
- Software Upgrade
- Royalties
- Freight/Shipping
- Physcials/Medical Svc
- Insurance (athletics only)

C

- Postage (see below)
- Personal Reimbursement (see below)
- Contractor Deposit Refund
- Room Rental (on campus only)
- DGS Car Rental
- STEP related activities
- Non-travel Related Participant Fee (seminar, workshop, conference)

Personal reimbursements are subject to approval by Procurement. A generic invoice and Unauthorized Purchase Explanation/Certification Form (see Procurement website for copies of these forms) must be completed, signed, and submitted to Accounts Payable with the **original itemized receipt(s)**.

Postage is subject to approval by Procurement. No invoice is necessary for postage requests, but the requesting department is responsible for maintaining the postage receipt in their office for auditors for a period of three years. Postage checks will be held at the Bursar's for pick up.

Accounts Payable Use Only

Vndr# _____ Ck# _____

Vchr# _____ Amt: _____

Date: _____ Dated: _____

Entered: _____ Reviewed: _____

Procurement Approval (if required) _____ Date _____

Submit to: Accounts Payable - Sierra Hall 105

CSUSB 125-25 REV 8/18