CALIFORNIA STATE UNIVERSITY SAN BERNARDINO | OFFICE OF STUDENT LEADERSHIP & ENGAGEMENT

UNIVERSITY CLUB FINANCIAL TRANSACTION REQUEST FORM

(This form is required for all Transactions other than Deposits)

STUDENT CLUB/ORGANIZATION INFORMATION:

Club/Organization Name: _____ **Date:** _____

Name: _____ **CSUSB ID:** _____

Phone Number: _____ **CSUSB Email:** _____

Event Name: _____ **Event Date:** _____

Reimbursements Only- Purchase Date: _____

Total Amount Requested: $_____

TRANSACTION TYPE	VENDOR NAME / DESCRIPTION OF PURCHASE	$ AMOUNT
PURCHASE REQUEST EX: MERCHANDISE, PROGRAM/EVENT SUPPLIES OR DECORATIONS, INFOTECH, ETC		
CHECK REIMBURSEMENT REQUIRES PRE-APPROVAL $250 MAXIMUM		

Chartfield String:

Account	Fund	Dept ID	Program	Class	Proj./Grant
660901	ST _ _ _	B0535	NONE	NONE	NONE

Club Officer 1 (on Trust Fund Fact Sheet)	**Print Name:** _____ **Position:** _____ **Signature:** _____ **Date:** _____
Club Officer 2 (on Trust Fund Fact Sheet)	**Print Name:** _____ **Position:** _____ **Signature:** _____ **Date:** _____

Club Advisor: (only required if request is over $500)	**Signature:** _____ **Date:** _____

ADMIN USE

OSLE Designee: (only required if request is over $100)	**Signature:** _____ **Date:** _____
Finance and Administrative Coordinator:	**Signature:** _____ **Date:** _____

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Do not pay for any services to a vendor directly. If a service is paid for directly to a vendor, we will be unable to reimburse you.
Examples of services include: guest speaker, venue rental, catering, DJ, etc

Transaction Form Steps

1. **Club Name** – club/org name on Trust Fund Fact Sheet (TFFS)
2. **Date** – today's date
3. **Name** – person preparing the transaction request form
4. **CSUSB ID** – school ID (000000000)
5. **Phone Number** – requestor's phone number
6. **CSUSB Email** – school email (**000000000@coyote.csusb.edu**)
7. **Event Name** – name of event (if applicable)
8. **Event Date** – when you paid the amount (if applicable)
9. **Reimbursements Only- Purchase Date-** date of purchase listed on receipt or paid order/invoice
10. **Total Amount Requested** – amount requested for reimbursement

Transaction Types (Fill appropriate box with description and amount on form)

1. **Purchase Request:**
    - Include vendor name and describe purchase
    - Provide supporting documentation
    - May need to schedule a meeting with OSLE to process transaction.
2. **Check Reimbursement: STOP.** Requires pre-approval from OSLE.
    - For preapproval email Dana Franklin dfranklin@csusb.edu
    - For supplies only no services. MAXIMUM is $250.
    - Attach all original itemized receipts. Receipts are due within 30 days of expense. Attach all pertinent information for individual being reimbursed (name, SID, phone number, address, items ordered, amount etc.)

Chartfield String: Provide ST Number- this can be found on your Trust Fund Fact Sheet (TFFS)

Signatures (always required)

1. Club Officer 1 on Trust Fund Fact Sheet – print name, position, enter scanned or electronic signature, date
2. Club Officer 2 on Trust Fund Fact Sheet – print name, position, enter scanned or electronic signature, date
3. Club Advisor – signature, date (if expense is over $500)
4. Admin Use – the OSLE Designee and Finance and Admin Coordinator signatures will be processed by OSLE

For OSLE and FAC Signatures and Processing

1. Once pdf form is complete and the above signatures are added
2. Complete the University Club Banking Financial Transaction Request Smartsheet Form
    - Upload University Club Financial Transaction Request PDF Form and all required supporting documentation to the Smartsheet form

For questions or assistance on the financial transaction process
please contact OSLE | osleinfo@csusb.edu 909-537-5234