



UNIVERSITY CLUB FINANCIAL TRANSACTION REQUEST FORM

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

STUDENT CLUB/ORGANIZATION INFORMATION:	
Club/Organization Name: _____	Date: _____
Requestor's Name: _____	CSUSB ID: _____
Phone Number: _____	CSUSB Email: _____
Event Name and Date: _____	Expense Date: _____
Total Amount Requested: \$ _____	

IMPORTANT: For information on **Purchase Orders** and **Chargebacks** please contact Crystal Henderson.

If Cash Advances or cash reimbursements exceed \$500 use a check request. Original itemized receipts must be provided for all expense transactions.

TRANSACTION TYPE	DESCRIPTION	AMOUNT
CASH ADVANCE (\$500 Max) Provide quote, request 2 days before event, return receipts 2 days after event		
CASH REIMBURSEMENT (\$500 Max) Attach original itemized receipts. Receipts due within 30 days		
CHECK REQUEST Original invoice from vendor; Online Web-site print out etc.		
PRO CARD (FMS Use Only) Original invoice from vendor; Online Web-site print out etc.		

Chartfield String:

Account 660901	Fund ST ___	Dept ID B0535	Program NONE	Class NONE	Proj./Grant NONE
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Club Officer 1 <small>(on Trust Fund Fact Sheet)</small>	Print Name: _____ Position: _____
	Signature: _____ Date: _____
Club Officer 2 <small>(on Trust Fund Fact Sheet)</small>	Print Name: _____ Position: _____
	Signature: _____ Date: _____

Club Advisor: (only required if request is over \$500)	Signature: _____ Date: _____
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OSE Designee: (only required if request is over \$100)	Signature: _____ Date: _____
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Financial Management Specialist:	Signature: _____ Date: _____
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****Take this form to SMSU-203 for processing****

University Club Financial Transaction Request Form Instructions

Transactions from your account can be made using this form. It's required that 2 club officers sign and date. OSE FMS signature required for all transactions, club advisor for purchases over \$500 and an OSE Designee for purchases over \$100. Take this form to Student Financial Services after completion.

Transaction Form Steps

Student Club Information

1. **Club Name** – club name on Trust Fund Fact Sheet
2. **Date** – today's date
3. **Requestor Name** – person requesting the money
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/Date** – name of event and when it occurs
8. **Expense Date** – when you paid the amount
9. **Total Amount Requested** – amount requested for reimbursement

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

1. **Purchase Orders (securing outside venue) and Chargebacks (CSUSB receipts, printing, event scheduling)** : Contact Crystal Henderson | (909) 537-3237
2. **Cash Advance**: \$500 maximum. Provide quote/budget as to why advance is needed. Request 2 days before event and return receipts 2 days after event. *Use Check Request if over \$500.*
3. **Cash Reimbursement**: \$500 maximum. Attach original itemized receipts. Receipts due within 30 days of expense. *Use Check Request if over \$500.*
4. **Check Request**: Purchases over \$500. Attach all pertinent information (name, address, items ordered, amount etc.) Original invoice from vendor, website printout etc.
5. **Pro Card**: Used by OSE Financial Management Specialist. Provide original invoice from vendor, website printout, etc.

Chartfield String: Provide ST Number

Signatures (always required)

1. Club Officer 1 on Trust Fund Fact Sheet – print name, position, signature, date
2. Club Officer 2 on Trust Fund Fact Sheet – print name, position, signature, date
3. Office of Student Engagement Financial Management Specialist – signature, date

Signatures (depend on amount)

1. Club Advisor (if over \$500) – signature, date
2. OSE Designee (if over \$100) – signature, date

***after signatures, take to Student Financial Services in UH-034**

****For further assistance on the transaction process contact Crystal Henderson | (909) 537-3237***