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)

Account	Fund	DeptID	Program	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 Accounts Payable section of the Accounting 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 Purchasing. A generic invoice and Unauthorized Purchase Explanation/Certification Form (see Purchasing website for copies of these forms) must be completed, signed, and submitted to Accounts Payable with the **original receipts**.
Postage is subject to approval by the Purchasing. 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

_____
Purchasing Approval (if required)   Date