

FSA001 Payment Form: General Form Instructions for FSA Operations and TA Account Holders (type online then print).

For **SAF account holders** (Student Councils, Clubs and Organizations), see separate [FSA001 Payment Form Instructions For SAF accounts](#)

Make sure you have the most current Form FSA001 version (link); Form **MUST** be typed!

- A. Insert the Date Prepared, check the Account Type, and insert Organization or Dept name
- B. **Account:** insert the complete **Expense Account # and Title** of that acct # to which this expense is intended to be charged. Some Organizations have only one account number, while larger organizations may have multiple expense account #s.
- C. **Total Check Amount:** in dollars and cents
- D. **Check Payable To:** the party to whom the Check is to be made payable to
- E. Mark either “pick up completed check” or to be mailed - insert COMPLETE mailing address.
- F. **Purpose.** **Must be detailed enough so that any 3rd party reading the form months or years later can clearly understand the justification and appropriateness.** Must clearly explain What was purchased, purpose / why it was purchased, and where/when it was purchased. Payments **directly to a vendor** with detailed invoice or receipt are often self-explanatory, while a **Reimbursement** often needs additional explanation. Other specific requirements:

Food/Catering – Attach • Event literature supporting documentation • **A record of attendance** is necessary. Small groups need individual names; very large groups can be described with a total of **# of persons**. • Original detailed invoices. • **Itemized** restaurant receipts; for reimbursement, the Credit card receipt/ statement. • For catered events, copy of approved catering order form, prefix menu, or contract.

Individual Services Payment • Indicate whether payee is or IS NOT a State employee. Copy of the approved engagement/contract showing the advance agreed upon cost and services to be performed. • Distinguish Contractor payments with any applicable IRS form such as [W9](#) and [IRS Factors of the Common Law Test](#) (20 Q's form). May not pay salary, bonuses, or any form of remuneration directly to State employees working as part of their state obligation. Such payments must flow through a State IFR. Payroll, independent contractor, or honorarium payments can NOT be made from T&A accounts directly to a SUNY employee unless supporting documentation clarifies such services are fully performed outside their SUNY time and obligation (incl no use of State equipment), which shall be acknowledged by the payee’s supervisor. Account holders who plan to pay employees must discuss in advance with the FSA Business Office and receive advance approval for the appropriate process.


Travel related reimbursements: Indicate purpose of travel, and Most economical means of travel shall be used. Attach all event literature that supports the travel.

Gift Cards: any type -must clearly justify a purpose as well as the recipient(s) of the said gift and/or gift cards. If recipient is not known up front (prizes at an event), must submit recipients immediately following the event. Gift cards may not be used as any form of remuneration for services rendered.

- G. **Signatures:** Every account has different authorized signature requirements. You need to know the signature requirements of the account holder.

Submitting: Always save a copy of what you submit.

- If complete with all attachments and signatures, submit directly @ FSA Business Office (StuCtr Rm 2-09)



**Faculty Student Association (FSA)
Payment Form**

FSA Office Use Only

Check #: _____

Check Date: _____

Typed Forms Only: Submit completed form to Business Office: mail to MSC1219 or hand deliver to Student Center, Room 2-09. An advance copy by fax or scan/ eMail can initiate processing, but check will not be disbursed until fully signed hard copy is received. [General form Instructions link](#) [SAF instructions link](#)

DATE Prepared: _____ (Account Type: check one) **A**

ORGANIZATION, DEPT. or STUDENT COUNCIL NAME: _____

ACCOUNT NUMBER TO BE CHARGED: **B** _____

TOTAL Check Amount: **C** _____

Account Title/Club Name: **B** _____

CHECK PAYABLE TO (Payee Name): **D** _____

check one: PICK UP CHECK AT FSA OFFICE or mail check to: **E**

Address: _____

City, State, Zip: _____

1) Attach **Original** Invoice(s)

2) Attach Any/All Receipt(s) for Goods or Services

PURPOSE: Must be a specific and clear description of this payment/ transaction. Attach any and all applicable supporting documentation, such as letters of explanation/ justification, invoices, meeting minutes, contract, etc.. Note: Advances, when approved, may be issued with receipts to be submitted. Failure to submit receipts will result in account being frozen.

F

Authorized Signature: _____ ORGANIZATION Title: _____

Print Name: _____

WHEN JOINT SIGNATURE IS REQUIRED BY ORGANIZATION: **G**

Authorized Signature: _____ ORGANIZATION Title: _____

Print Name: _____

This section is for FSA OFFICE USE ONLY:

ACCOUNT NUMBER	ACCOUNT TITLE	DEBIT	CREDIT

Check Received By: _____ Date: _____ FSA001 [11/15]

Questions on filling out a payment form? [eMail link](#)