

FSA001 Payment Form [\(link\)](#): Blank eForm is on FSA Forms webpage; Be sure to use the most current Form FSA001 version posted online!

[Online instructions link](#)

SAF Councils and Clubs General Form Instructions (MUST BE TYPED; type online then print. (Chrome browsers require you to download form first, then type and "save as", then print).

- A. Insert the **Student Council** name that provides the club funding
- B. **Account to be Charged**: insert the complete Account # and Title of that acct # to which this expense is intended to be charged. Some clubs have only one expense account number, while larger clubs may have multiple expense accounts.
- C. **Total Check Amount**: in dollars and cents.
- D. **Check Payable To**: the Vendor or Person's Full Name to whom the Check is paid to.
- E. **Check box** either "Pick up completed check" or "Mail Check to", inserting a 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. It must clearly explain WHAT was purchased, WHY it was purchased, and WHERE/ WHEN it was purchased. Payments directly to vendor with detailed vendor invoice or receipt are often self-explanatory, while a Reimbursement often needs additional explanation. Attach supporting documents:

-**Food/Catering** - When using SAF funds for food: • A record of attendance is necessary. Small groups need individual names; very large groups can be described with a total of # of persons (ie: a \$500 "lunch" may be appropriate for 5-10 people depending upon venue, but would certainly NOT be appropriate for 2 people). • Original detailed invoices paid. • Itemized restaurant receipts with Credit card receipt/ statement. • Copy of approved catering order form or contract (if applicable). • Event flyer or announcement sent.

-**Individual Services Payment** • 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. 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. 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**: Student Councils often have detailed parameters for travel related costs, and need council meeting minutes approving reimbursements. Indicate purpose of travel, and most economical means of travel shall be used, with supporting receipts.

-**Imprinted Clothing**: Coordinate all purchases through University Bookstore.

-**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.

-**Council Approval**: Some transactions and accounts, esp use of "Programs & Projects", or "Spontaneous" accounts, or additional funding needed, require the Council's approval by attaching official (signed) Council meeting minutes. Payments from acct titles similar to "programs and projects", reserve funds, or funding transfers require supporting Council meeting minutes, showing Council approved "motions". If your Council submitted final signed meeting minutes, they will be posted online at [Student Council Meeting Minutes webpage \(link\)](#). If the Student Council minutes are posted on that webpage, then you don't need to attach a copy of the minutes. Instead, include words "Approved by (Council name) at their (date) meeting" in the Payment Form "purpose" section.

- G. **Signatures**: Each Council /Club has slightly different authorized signature requirements. You need to know the signature requirements of the council providing funds to your club.

Submitting: Always save a copy of what you submit.

- The Student Center Director/Student Activities Office (Stu Ctr Rm 2-06) can assist in getting signatures. They will submit completed signed document to FSA, or
- If complete with all attachments and signatures, can be submitted directly @ FSA BusinessOffice (StuCtr Rm 2-09).
- If submitting via eMail MUST be from a Dowstate.edu eMail address of authorized signator.

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

Faculty Student Association of DOWNSTATE 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. Instructions link

DATE Prepared: (insert today's date) (Account Type: check one) FSA Direct Operation
 FSA Trust and Agency (T&A)
 FSA Student Activity Fund (SAF) *Check SAF*

ORGANIZATION, DEPT. or STUDENT COUNCIL NAME: **A** _____

ACCOUNT NUMBER TO BE CHARGED: **B** _____ Account Title/Club Name: **B** _____

TOTAL Check Amount: **C** _____ CHECK PAYABLE TO (Payee Name): **D** _____

check one: PICK UP CHECK AT FSA OFFICE or mail check to:
1) Attach **Original** Invoice(s) **E**
2) Attach Any/All Receipt(s) for Goods or Services
Address: _____
City, State, Zip: _____

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: **G** _____ ORGANIZATION Title: **G** _____
Print Name: _____

WHEN JOINT SIGNATURE IS REQUIRED BY ORGANIZATION:

Authorized Signature: **G** _____ ORGANIZATION Title: **G** _____
Print Name: _____

This section is for FSA OFFICE USE ONLY:

ACCOUNT NUMBER	ACCOUNT TITLE	DEBIT	CREDIT

Check Received By: _____ Date: _____ FSA 001 [5/15]