

FUNDING REQUISITION

Organization: _____ Date: _____ Date Received _____

Organization Contact Person: _____ Phone #: _____

Email: _____

Detailed Explanation for Request: _____

Amount of Request: \$ _____ Payment Required by: _____

Date of Event: _____ Location: _____ Ticket Price: _____

METHOD OF PAYMENT

- Purchase Request – for items over \$500.00 attach purchase request and quote. If quote is over \$2,500, three bids must accompany request.
- Check Request – attach invoice, receipts for reimbursement & credit card statement, single, guest lecturer or musical accompaniment contract.
- Budget Transfer – attach HU Budget Transfer Form or Lackmann Food Service Invoice.
- American Express Card – Return card along with all documentation regarding Amex Purchase.

APPROVALS

OSLA Program Advisor: _____

Fitness Center Advisor: _____

MISPO Program Advisor: _____

SGA Bookkeeper: _____ / /

Balance after this expense: _____

SGA Comptroller: _____ / /

Appropriated: _____

SGA Advisor: _____ / /

Executive Director OSLA : _____

COMMENTS: _____

✓ Approved _____ Denied _____ Modified _____

Conference Registrations/Hotels/Transportation

- SGA Funding Request
- Each person traveling is responsible for their own paperwork and personal receipt submission

REGISTRATION FOR EVENT/CONFERENCE

- Completed Registration form
- First page of conference brochure showing date, time and location (you can print offline)
- List of attendees and Hofstra ID Numbers
- Pre-payment: Completed check request with organization, fund and account numbers
- On-line registration: Copy of credit card statement showing transaction amount, name, last four digits of credit card number and front copy of actual credit card

HOTEL

- Pre-payment of hotel: Hotel bill showing charges and completed check request with organization, fund and account number.
- If using the hotel for the first time: W-9 is required
- If paying afterward, completed check request with organization, fund and account numbers along with original finalized bill, copy of credit card statement showing transaction amount, name, last four digits of credit card number and front copy of actual credit card

TRAVEL

- Travel by air and train: Book and pay for ticket with personal credit card
- Completed check request with organization, fund and account numbers
- Copy of credit card statement showing transaction, amount, name, last four digits of credit card number and front copy of actual credit card
- Original boarding pass
- Travel by automobile: Printout of MapQuest/Google Maps to/from destination showing mileage
- Completed check request with organization, fund and account numbers. Miles travelled x .555
- Any toll receipts (if applicable)

STUDENT ORGANIZATION INFORMATION

Name: _____

Contact Email: _____

Contact Phone: _____

OSLA RESPONSIBILITY

Name of staff in-taking paperwork: _____

Date paperwork was received: _____

Copy made by: _____

Copy given to student and original to club advisor: _____

Originals given to _____



HOFSTRA UNIVERSITY

Travel and Cash Advance Request

Send this form with approvals and check request to Accounts Payable, Philips Hall

Print Name		Date of Request	Hofstra ID Number
Department / Building		Telephone ext.	Position
Business Purpose of Travel or Advance			
Destination:		Dates of travel:	
Budget information			Amount of Advance Required:
Fund	Org	Account	

Approval(s) Print and sign name

Chair	Date
Dept. Supervisor/Provost	Date
Dean	Date

For Cash Advances Only

Recipient of advance must sign below, and by doing so agree to the following stipulations.

1. The undersigned will provide original receipts, as required for all expenses incurred in excess of \$25. Receipts are not required for per diem meal allowances in accordance with the University policy.
2. The undersigned will submit an accounting to the University on a travel expense report, with the original receipts attached, within 15 days of the completion of the event/trip
3. The undersigned will remit all remaining monies from the subject advance within 15 days of the completion of the event/trip to the Office of Student Accounts and obtain a receipt. The receipt shall be attached to the accounting.
4. In the event of discontinuance of employment, the undersigned must immediately contact the Controller's Office and, in such event, must provide a full accounting for the advance within five days.
5. The undersigned is fully responsible for the advance's safekeeping and will exercise due care safeguarding the subject advance.
6. Furthermore, if the advance is not accounted for within 30 days of the end of the event/trip, the undersigned will immediately reimburse the University for any unaccounted for funds. If the reimbursement is not made, the undersigned authorizes the University to deduct the balance of the advance from future paychecks.
7. The undersigned will familiarize herself/himself with the University's policies regarding expense reimbursement, as published by the University and included on the University's website.
Website: https://webpub.hofstra.edu/policies/policies_financial.cfm

Print name _____

Signature _____

Date _____

Do not write in space below

Date	Voucher No.	Paid to	Amount	Account	Comments

**HOFSTRA UNIVERSITY
TRAVEL EXPENSE REPORT**

1. ACTIVITY _____

2. DATES _____

3. DESTINATION TO/FROM _____

TRAVEL/ MEALS/ HOTEL

					TOTAL
4. PERSONAL AUTO USAGE:					
_____ MILES* _____ /PER					
5. RENTAL CAR					
6. GROUND TRANSPORTATION					
7. GAS					
8. TOLLS					
9. OTHER -					
10. BREAKFAST					
11. LUNCH					
12. DINNER					
13. HOTEL ROOM + TAXES					
14. TELEPHONE CHRGS					
15. MISC:					
16. TOTAL EXPENSES:					
17. LESS AMOUNT ADVANCED TO TRAVELER					
18. BALANCE DUE (NAME) _____					

**** TRAVEL EXPENSES CHARGED DIRECTLY TO THE UNIVERSITY ****

					TOTAL
A. AIR TRAVEL					
B. RENTAL CAR					
C. GROUND TRANSPORTATION					
D. BREAKFAST					
E. LUNCH					
F. DINNER					
G. OTHER -					
H. HOTEL ROOM + TAXES					
I. TELEPHONE CHRGS					
J. TOTALS					

I HEREBY CERTIFY THAT THE EXPENSES LISTED ABOVE ARE APPROPRIATE AND UNIVERSITY RELATED.

TRAVELERS NAME/DEPT/EXT (PRINT) _____
 SIGNATURE _____ APPROVAL 1 _____
 DATE _____ APPROVAL 2 _____
 DATE _____

ALL EXPENDITURES MUST BE EVIDENCED BY A RECEIPT WHICH IS TO BE ATTACHED TO THIS FORM.
 REFER TO THE UNIVERSITY TRAVEL POLICY FOR RULES AND LIMITATIONS.

DIRECTIONS FOR THE COMPLETION OF THE TRAVEL EXPENSE REPORT

THIS FORM IS TO BE PROPERLY COMPLETED, APPROVED AND FORWARDED TO BUDGET AND ACCOUNTING WITHIN 10 DAYS OF THE TRAVELERS RETURN.

1. **ACTIVITY** – STATE LOCATION OF TRAVEL, PURPOSE AND DATES. IF TRAVEL IS FOR A CONFERENCE OR SEMINAR, INCLUDE OFFICIAL COPIES OF THE CONFERENCE/SEMINAR DATES, COSTS AND ITINERARY.
2. **DATES** – EACH DAY OF THE TRIP IS TO BE SECTIONED OUT. NOTE THERE ARE 5 BOXES REPRESENTING ONE WEEK. IF TRAVEL EXTENDS BEYOND THE FIVE DAYS, PLEASE INCLUDE ANOTHER FORM #14.
3. **DESTINATION TO/FROM** – SPECIFY YOUR DAILY LOCATION – i.e. 1/2/92 – TO MIAMI FROM HOFSTRA.
4. **PERSONAL AUTO USAGE** – MILEAGE ALLOWANCE IS 26 CENTS PER MILE.
5. **RENTAL CAR** – ITEMIZED CAR RENTAL RECEIPT MUST BE SUBMITTED.
6. **GROUND TRANSPORTATION** – DETAILED RECEIPTS MUST BE SUBMITTED FOR TAXIS, TRAINS, ETC.
7. **GAS** – ALL GAS EXPENSES MUST BE SUPPORTED BY RECEIPTS WHICH SHOULD IDENTIFY THE AMOUNT, DATE, AND LOCATION.
8. **TOLLS** – ALL TOLL RECEIPTS MUST BE SUBMITTED TO THE REPORT.
9. **OTHER** – THIS LINE IS TO BE USED FOR ANY TYPE OF TRANSPORTATION OR TRANSPORTATION EXPENSES SUCH AS TRAIN TRAVEL OR PARKING FEES.
- 10/11/12. **MEALS** – ALL MEALS MUST BE SUPPORTED BY RECEIPTS WHICH ARE TO STATE THE RESTAURANT, DATE, AND LOCATION. IF MORE THAN ONE INDIVIDUAL DINED, THE NAMES OF ALL THOSE DINING MUST BE WRITTEN ON THE BACK OF THE RECEIPT ALONG WITH THE PURPOSE OF THE MEAL. ALL MEALS CHARGED TO THE HOTEL SHOULD BE LISTED ON THIS LINE AS WELL.
13. **HOTEL ROOM + TAXES** – ITEMIZED HOTEL BILLS MUST BE SUBMITTED WITH THIS REPORT.
14. **TELEPHONE CHARGES** – ALL CHARGES MADE ON THE HOTEL BILL ARE TO BE BROKEN OUT AND LISTED ON THIS LINE BY DAY.
15. **MISC** – ANY OTHER BUSINESS EXPENSES THAT ARE NOT SPECIFIED ON THIS FORM ARE TO BE INCLUDED HERE. RECEIPTS MUST BE SUBMITTED FOR THESE CHARGES AS WELL.
16. **TOTAL EXPENSES** – EXPENSES ARE TO BE TOTALED ACROSS AND DOWN.
17. **LESS AMOUNT ADVANCED TO TRAVELER** – IF THE TRAVELER RECEIVED AN ADVANCE PRIOR TO OR DURING THE TRIP, THIS AMOUNT IS TO BE DEDUCTED ON THIS LINE. EVIDENCE OF THE ADVANCE MUST ALSO BE SUBMITTED.
18. **BALANCE DUE** – IF EXPENSES EXCEED THE ADVANCE, A REIMBURSEMENT WILL BE MADE TO THE TRAVELER. IF EXPENSES ARE LESS THAN THE ADVANCE, THE TRAVELER MUST REMIT THE DIFFERENCE TO THE UNIVERSITY IN THE FORM OF A PERSONAL CHECK MADE PAYABLE TO HOFSTRA UNIVERSITY.

COMPLETE THE TRAVELERS NAME/DEPT/EXT AND SIGN THE FORM. APPROVAL IS REQUIRED FOR ALL TRAVEL IF A REIMBURSEMENT IS TO BE MADE TO THE TRAVELER, A PROPERLY COMPLETED AND APPROVED CHECK REQUISITION MUST ACCOMPANY THIS FORM.

TRAVEL EXPENSES CHARGED DIRECTLY TO THE UNIVERSITY

THIS SECTION IS TO BE USED FOR ALL EXPENSES THAT WILL BE BILLED DIRECTLY TO THE UNIVERSITY. THESE CHARGES MUST BE LISTED SEPARATELY AND THE PROPER DETAILED SUPPORT MUST BE ATTACHED.
ALL HOTEL CHARGES MUST BE LISTED INDIVIDUALLY, SUCH AS MEALS, TELEPHONE CALLS, ROOM RATE AND TAXES.
INCLUDE ALL CONFERENCE/REGISTRATION FEES PREVIOUSLY PAID BY THE UNIVERSITY ON LINE G.
ALL OF THESE CHARGES ARE TO BE TOTALED ON LINE J.

FOR COMPLETE TRAVEL RULES, REFER TO THE UNIVERSITY TRAVEL POLICY.

FAILURE TO SUBMIT THE PROPER DOCUMENTATION DETAILED ABOVE WILL RESULT IN REIMBURSEMENT DELAY.

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific
instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.) Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

.....

or

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

.....

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,