AFA Expenditure Request Guidelines for Form SS02

Purpose of Form

Request and report expenses that are to be paid on behalf of your organization, club and/or department.

When to Complete

Forms and supporting documentation must be completed and delivered on Monday by 1 pm on the week that you would like payment to be made. Checks are processed on Thursdays each week, with the exception of holidays.

Where to Deliver

Forms must be delivered to SUSSI Fiscal Office, CUB 204. Business hours are Monday - Friday, 8 am to 4 pm.

Information Requirements:

Date

Date the form was completed.

AFA Group Name

Who the payment is being made on behalf of.

AFA Number

Number associated with your Agency Fund Account. This number is established once money is deposited to the account. Please speak with SUSSI staff for more information.

Make Check Payable To

Who is the payment being made to. Must include mailing address of recipient regardless of delivery method.

Check(s) Shall Be

Identify how you would like the payment to get to payee:

Mailed - Please identify mailing address on form.

Pick Up - Check may be picked up at the SUSSI Fiscal Office. The email address provided will be notified when the check is ready. With the exception of holidays, checks will be ready for pick up no later than 9 am on Fridays. Please be prepared to provide identification at pick up.

ACH - If this is SUSSI's first time paying this payee through ACH you must have the payee complete a Direct Deposit Authorization Agreement and return to the SUSSI Fiscal Office (CUB 204). If you do not know if we have paid this vendor through ACH before please check with the SUSSI Fiscal Office. The email address provided will be notified of the transfer of funds.

Transfer - If you are making payment to another SUSSI organization identify the name and number of the organization to whom you are paying.

Invoice Date or

If applicable, provide the date and number listed on the invoice.

Description of Expense

Provide as much detail as possible about the payment you are requesting.

Total

Identify amount to be paid for each invoice, if multiple, and total amount to be paid.

Date Check Required/Due Date

Due date of payment.

Supporting Documents

All appropriate documentation MUST be attached (invoices, contracts, receipts, etc.). If the payment is for a service, a form W-9 must be attached. Please contact SUSSI Fiscal Office if you need a W-9 form to provide to the payee or if you have questions regarding the need for a W-9.

Signatures

A Student Group Officer (President, Treasurer, etc.) and Advisor must sign the expenditure request form. If the expenditure is for a club sport, a signature is required from the Director of Recreation. All signatures are required. Signatures may not be typed. Electronic signatures must be digitally certified via Adobe.

IMPORTANT

All information on the expenditure form and supporting documentation must be complete at the time of delivery. Incomplete information may cause delay in the payment process at the expense of the organization to whom payment is being made on behalf of. Also, please keep in mind that SUSSI is exempt from sales tax. Pennsylvania exemption certificates are available at the SUSSI Fiscal Office.

SUSSI Shippensburg University Student Services Inc. Serving Students

Shippensburg University Student Services, Inc.

Fiscal Office | CUB 204 1871 Old Main Drive Shippensburg, PA 17257-2299

Telephone: (717) 477-1730 Fax: (717) 477-1636 Email: <u>ssinc@ship.edu</u>

Business Hours: Monday – Friday, 8 am – 4 pm

Expenditure Request Form – Agency Fund Account (AFA)

AFA Group Name:			Agency Fund Account Numb	er: Date:	
	Mal	ke Check Payable	е То:		
Check(s) Shall	Be: (Please select one)				
☐ Mailed	☐ Picked Up Email Address:		☐ ACH mail Address:	Organization Name:	
Invoice Date or #			Description of Expense		Total
Chack Poquir	ement Date/Due Date:			Combined Total:	\$
		ion (i.e. Invoice,	Contract, Receipt, W-9, etc.)	Combined Total.	7
Student Group Officer Name & Email Address			*Student Gro	*Student Group Officer Signature	
Advisor Name & Email Address			*Advisor Sign	*Advisor Signature	
Fiscal Office Sig	 gnature	 Date	 Dept. of Rec	reation (Club Sports Only)	 Date

^{**}All signatures are required. Signatures may not be typed. Electronic signatures must be digitally certified via Adobe.**