Youngstown STATE UNIVERSITY

CHECK REQUEST – Instructions

Purpose:

The primary purpose of a Check Request is to reimburse employees for funds that have already been expended to conduct University business. Check Requests are used when other forms of payment, (i.e.-purchase order, petty cash, Commercial card, supplemental payment, FA50, & travel expense report) do not fit the situation. A Check Request is for the non-routine situation. It is the exception, not the rule.

When to use:

- To process reimbursements for employees who have expended their personal funds, in the form of cash, check, or personal credit card, for the purpose of conducting Youngstown State University business.
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  To process refund requests for non-credit courses and professional exam preparation courses, and other miscellaneous deposits.
- By Grants Accounting to return unused funds to granting agencies.

When NOT to use:

- To pay vendors, with the exception of Agency Funds. (See Purchase Order policy)
- When petty cash is the more appropriate form of reimbursement. (See Petty Cash policy)
- When a University Commercial Card has been used for payment. (See Commercial Card Program policy)
- When contracting services from non-YSU employees. (Use an FA50 form)
- To pay an employee for performing supplemental duties. (Use a Supplemental Pay form)
- For Travel advances or reimbursements. (See Travel policy)

How to use form: (from top to bottom)

TOP:

Blue header above the actual "printable" form: Enter the current date (DD-MM-YY) and time (HH:MM am/pm) into the appropriate cells. This will create a unique CKR# required for processing and tracking purposes in Banner. (Because of this unique number requirement, these forms CANNOT be printed off in bulk or a master created which is photocopied for each future submission.)   **THIS SECTION MUST BE COMPLETED BEFORE CONTINUING.**   If you omit this step, you cannot re-enter this field. You must close the form and re-open it to access this required field before proceeding.

Requested Check Date: The date you are requesting the check be printed. Every effort will be made to meet the requested date.

Payee: Person to whom the check will be made payable. **DO NOT complete this line if multiple persons will be paid on the same Check Request (see note below).**

Note: If more than one person is being paid using the same FOAP, then complete only one CKR form and complete the Payees List form (see tab at bottom of page). Be sure to complete all columns on the form: Banner Y#, Name (list in alphabetical order), address, social security # or EIN only if Banner Y# is not available, and amount for each check. The total for the page will electronically be carried forward to the Check Request amount column (see next to the last line under "FOAP to be charged") and will be included in the Total. For more than 25 payees, use the Cont.-Payees List form (see last tab at bottom) for additional names.

General Accounting Use Only - 1099 Eligible: Put an X in either the Other Income box or in the Non-Employee Compensation box if the payment is to be considered taxable and eligible for 1099 federal tax reporting purposes at calendar year end. See 1099 Guidelines or call Mary Lou Castner x1716 if you have any questions. Do NOT mark either box if this payment is not considered taxable by the IRS.

Payee ID#: (REQUIRED field) - Enter the payee's Banner Y# if known (preferred). If not known, please provide the payee's Social Security # or Employer Identification Number (EIN).

Address: Mailing address of the payee.

Purpose of Request: Describe the nature of the expenditure. If the description is lengthy, please start the explanation in this area and continue explanation on an additional sheet of paper. Attach this additional sheet to the Check Request. Expenditures for employee reimbursement must have a clear, direct benefit to Youngstown State University. There must be a direct business benefit to Youngstown State University for the expenditure to qualify for reimbursement. Expenditures that do not meet these criteria will be denied.

FOAP to be Charged: The FOAP is the funding source of the request. It is the appropriate area from which to use funds to pay for the request. Whatever area benefited from the expenditure should fund the request. These will and can be different for each Check Request or each expense line on the CKR form. EXCEPTION: When requesting payments to multiple payees per the Payees List form, only one FOAP can be used.

Fund: Required.

Organization: Required for revenue and expense. Not necessary for balance sheet accounts.

Account: Required.

Program: Required for revenue and expense. Not necessary for balance sheet accounts.

Amount: The dollar amount requested. If the request is to be paid from different funding sources, then break out the amounts that correspond to each FOAP. If all expenses are paid from one FOAP, list the total on that line.

> **Note: Verify that adequate funding is available in each FOAP line charged. Verify funding down to the specific Account line, including Program. Make any necessary transfers before submitting the Check Request. Failure to do so may result in delay of reimbursement.**

Total: Total amount requested (this will be automatically calculated based on the Amount entered on each line).

Support Documentation is attached: *(check only <u>one</u> box)*
In all cases, original <u>itemized</u> receipts must accompany the reimbursement request.

Yes: All required documentation is attached to the Check Request. THIS IS THE PREFERRED PROCEDURE. This would include, but not be limited to original itemized receipts. Sales Tax is reimbursable. Tips are also reimbursable; therefore, if this request is for a meal, be sure to include the receipt which shows the tip amount in addition to the original itemized receipt. This original documentation will be retained in the Accounts Payable office for the required period of time.

> **NOTE:** If the reimbursement is for meals, a Documentation for Business-Related/Entertainment Expenses form must be properly completed and attached to the Check Request (see link provided). These expenditures should be charged to Account 701330. (See the Business-Related/Entertainment Expenses Guidelines. An expenditure reimbursement must have a clear, direct benefit to Youngstown State University. This must be explained under Business Purpose.)

No, documentation is located: Documentation is not attached to the Check Request. All required documentation is located where specified on this line. Documentation must be retained for an adequate period of time to meet the record retention guidelines. Documentation must be adequate and supportive, the same as would be required if it were submitted with the Check Request. Documentation is subject to audit.

Note: If an original itemized receipt is required and not attached, the Check Request will be returned to the submitting department.

Check Distribution: *(check only <u>one</u> box)*

If no box is checked off here, the check will be mailed first-class in outgoing U.S. Mail. Checks issued to employees will be mailed to their permanent address in Banner, not their campus department.

Mail with: If documentation is required to accompany the check, a copy of the documentation **MUST** be sent with the Check Request. Accounts Payable department will NOT make copies of original retained documentation for mailing purposes; therefore two copies must accompany the request if one is to be mailed.

Send inter-office to: List the person and department that you would like the check to be sent via inter-office mail.

Financial Manager: The Financial Manager of the FOAP to be charged authorizes the reimbursement by signing. If multiple FOAPs are charged, the Financial Manager for each FOAP must sign the Check Request. If the Financial Manager is the payee, the Financial Manager's supervisor must sign the form. The current date should be used when signing.

Reviewed by Grants or General Accounting & Date:

This area will be completed by the Grants Accounting office or the General Accounting office. Send Check Request to the Grants Accounting office for all requests charging Funds 21XXXX and 22XXXX.
The reviewer will initial, date, and forward to the Accounts Payable office for processing.

YOUNGSTOWN STATE UNIVERSITY

CHECK REQUEST

CKR #　　　3012990000

1099 Eligible:

Other Income

Non-Employee Comp

(**X** one box if payment is potentially taxable to the payee)

REQUESTED CHECK DATE _____ / _____ / _____

{Check(s) will be printed approximately 7 working days after the Financial Manager has signed this form}

PAYEE _____

PAYEE ID #　　*Banner ID #*　　**Y-** _____　　***OR***　　_____

* (Required field)　　　　　　　　　　　　　　　　　　　　　　　　　　　　**(SS # or EIN)**

STREET LINE 1 _____

STREET LINE 2 _____

CITY _____ **STATE** _____ **ZIP** _____ - _____

PURPOSE OF REQUEST:

FOR A/P USE ONLY:

FOAP TO BE CHARGED:

FUND (6 digits)	ORGANIZATION (6 digits)	ACCOUNT (6 digits)	PROGRAM (2 digits)	AMOUNT (i.e. - 9,999.90)
# #				$
				$
				$
				$
				$
				$
				$

Carryforward TOTAL from attached Payees List form, if applicable →	(Total from page 2)	**0.00**
Carryforward TOTAL from Continued Payees List form, if applicable →	(Total from page 3)　　$	**0.00**

(NOTE: for Acct 701330 expenses, attach Business-Related/Entertainment Expense form - use link below. See center column on webpage for BRE Documentation form & Guidelines)
http://www.ysu.edu/vpadmin/

TOTAL　　　$　　**0.00**

Support documentation is attached:　　☐ YES　☐ NO

If NO, documentation is located (specify department): _____

Check Distribution:　☐ **Mail with:** _____
(X one box)　☐ **Send inter-office to:** _____ **Dept.** _____

Signature _____　**Name** _____

　　　　(Financial Manager or Financial Manager's Supervisor)　　　(Date)　　　　(Print or type)

Send completed form and required documentation to:

GRANTS ACCOUNTING OFFICE - for Grant Funds (21xxxx or 22xxxx) reimbursements - If you have questions, call x3397 or x1938.

GENERAL ACCOUNTING OFFICE - for all non-grant reimbursements - If you have questions, call x1707 or x3384.

Reviewed by Grants Acctg. or General Acctg. _____ _____

　　　　　　　　　　　　　　　　　　　　　　(Initials)　　(Date)

CKR rev.09/01/08

Instructions for Submitting a Check Request Form with Multiple Payees
Charged to the Same FOAP

1. Complete the Check Request with the phrase "See Attached List" on the payee line.

2. Attach the Payees List form, providing the necessary information to create the checks in the Banner System. If there are more than 25 payees, also use the Cont.-Payees List form (see last tab below). A total will be calculated for each page and electronically carried forward to the CKR form and included into the Total amount requested.

3. The list <u>must</u> be alphabetized by the last name of the payees.

4. If you know the Banner 'Y' number of the payee, enter it in the 'Banner #' column. In this case (only), it is <u>not</u> necessary to list the SS# for the individual or the EIN for the vendor.
   The SID# (Student ID#) may be substituted for the SS#.

5. When the list is comprised of current students or employees and the complete mailing address is not provided <u>on the list</u>, the current address on file in the Banner system will be the address to which the check will be directed.

6. Checks will be mailed directly to payees at the address provided.

A/P 06/27/08

PAYEES LIST

(If using multiple FOAPs on Check Request, **DO NOT** use this page.)

CKR #   3012990000

FOAP   0   0   0   0

	BANNER Y-#	LAST NAME, FIRST NAME	ADDRESS	CITY, STATE, ZIP	SS # or EIN	AMOUNT
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
					TOTAL	$ -

NOTE: Total is electronically carried forward to page 1 of the Check Request form (see next to last line under FOAP to be charged).

CKR rev.09/01/08

(Continued) PAYEES LIST
(If using multiple FOAPs on Check Request, **DO NOT** use this page.)

CKR #   3012990000

FOAP   0   0   0   0

	BANNER Y-#	LAST NAME, FIRST NAME	ADDRESS	CITY, STATE, ZIP	SS # or EIN	AMOUNT
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
					TOTAL	$ -

NOTE: Total is electronically carried forward to page 1 of the Check Request form (see last line under FOAP to be charged).

CKR rev.09/01/08