Foundation Workshop Series

Forms & Documents

Elizabeth Sinor, Director of Finance
Foundation Financial Services

FRESNO STATE | Auxiliary Services

Choosing the Right Form and Getting it Right the First Time

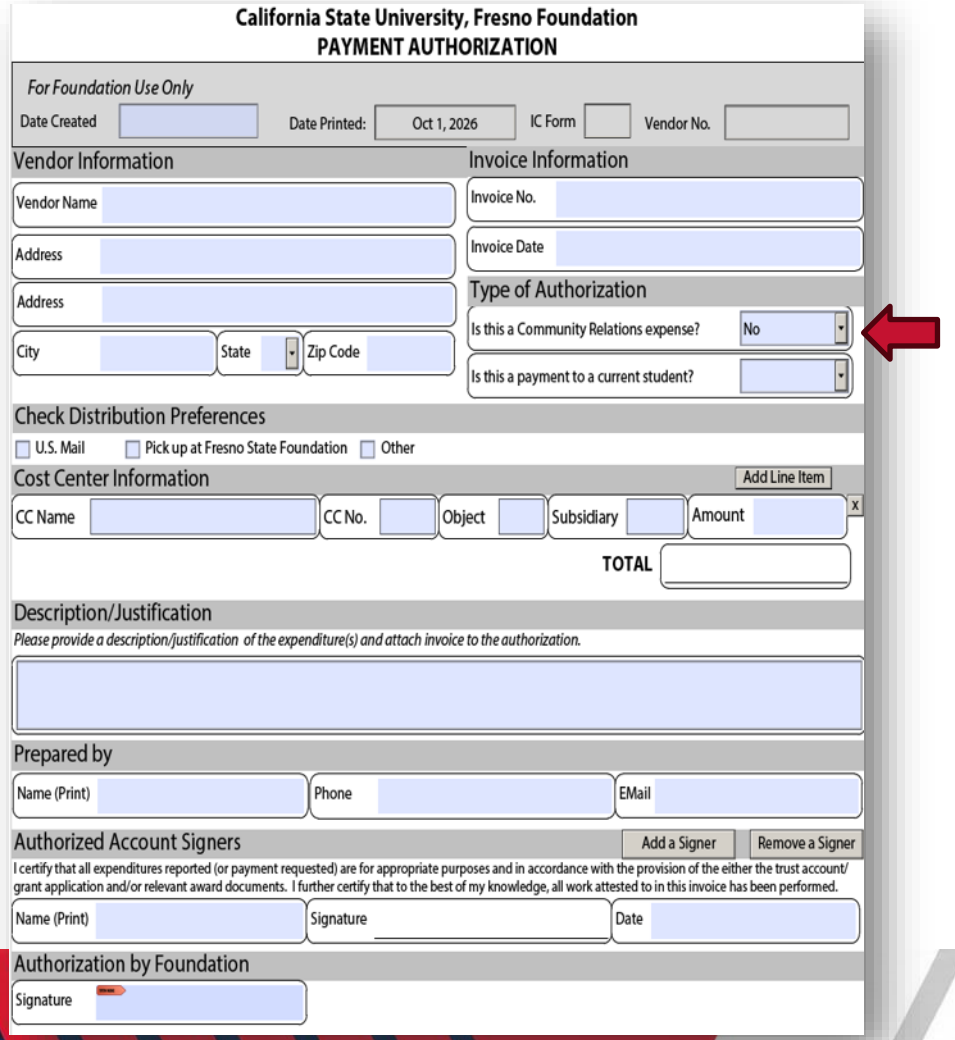
1. Payment & Reimbursement Forms
2. Payment Authorization vs. Community Relations Authorization
3. Travel Form – Getting Reimbursed
4. Missing Documentation
5. Other Forms



Which form do I need?

I need to…	Start with…
• Pay or reimburse an allowable business expense	✓ Payment Authorization
• Pay for a community relations/hospitality type expense	✓ Payment Authorization for Community Relations
• Student Support Payment (non-payroll)	✓ Payment Authorization for Student Support
• Request or document travel expenses	✓ Travel Form
• Replace a lost or missing a receipt	✓ Missing Receipt Affidavit
• Purchase goods or services requiring a purchase order (PO)	✓ Purchase Order Request
• Move an expense from one Foundation account to another	✓ Journal Entry/Cost Transfer Form
• Hire/pay an individual as an independent contractor (IC)	✓ Independent Contractor Approval Form

Payment Authorization Form



California State University, Fresno Foundation
PAYMENT AUTHORIZATION

For Foundation Use Only

Date Created | Date Printed: Oct 1, 2026 | IC Form | Vendor No.

Vendor Information

Vendor Name
Address
Address
City | State | Zip Code

Invoice Information

Invoice No.
Invoice Date

Type of Authorization

Is this a Community Relations expense? No
Is this a payment to a current student?

Check Distribution Preferences

U.S. Mail | Pick up at Fresno State Foundation | Other

Cost Center Information — Add Line Item

CC Name | CC No. | Object | Subsidiary | Amount

TOTAL

Description/Justification

Please provide a description/justification of the expenditure(s) and attach invoice to the authorization.

Prepared by

Name (Print) | Phone | EMail

Authorized Account Signers — Add a Signer | Remove a Signer

I certify that all expenditures reported (or payment requested) are for appropriate purposes and in accordance with the provision of the either the trust account/ grant application and/or relevant award documents. I further certify that to the best of my knowledge, all work attested to in this invoice has been performed.

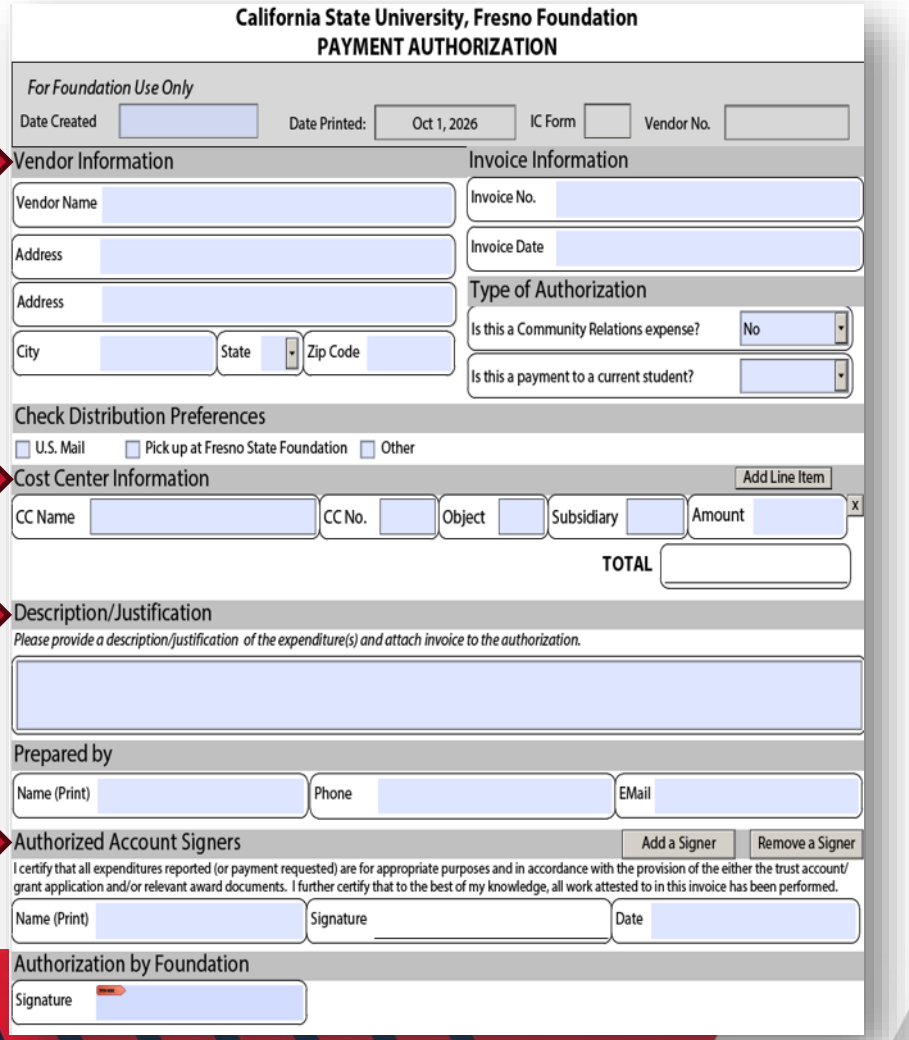
Name (Print) | Signature | Date

Authorization by Foundation

Signature

- Used for vendor payments, reimbursements, community relations expenses, and payments for student support
- The form changes when "Yes" is selected from the drop-down menu in the *Type of Authorization* box
- Documentation should be submitted within 30 days of purchase/expense
  - Late justification required if submitted ***after*** 30 days

Submitting a Payment Authorization Form



California State University, Fresno Foundation
PAYMENT AUTHORIZATION

For Foundation Use Only

Date Created | Date Printed: Oct 1, 2026 | IC Form | Vendor No.

Vendor Information

Vendor Name
Address
Address
City | State | Zip Code

Invoice Information

Invoice No.
Invoice Date

Type of Authorization

Is this a Community Relations expense? No
Is this a payment to a current student?

Check Distribution Preferences

U.S. Mail | Pick up at Fresno State Foundation | Other

Cost Center Information Add Line Item

CC Name | CC No. | Object | Subsidiary | Amount | X

TOTAL

Description/Justification

Please provide a description/justification of the expenditure(s) and attach invoice to the authorization.

Prepared by

Name (Print) | Phone | EMail

Authorized Account Signers Add a Signer | Remove a Signer

I certify that all expenditures reported (or payment requested) are for appropriate purposes and in accordance with the provision of the either the trust account/ grant application and/or relevant award documents. I further certify that to the best of my knowledge, all work attested to in this invoice has been performed.

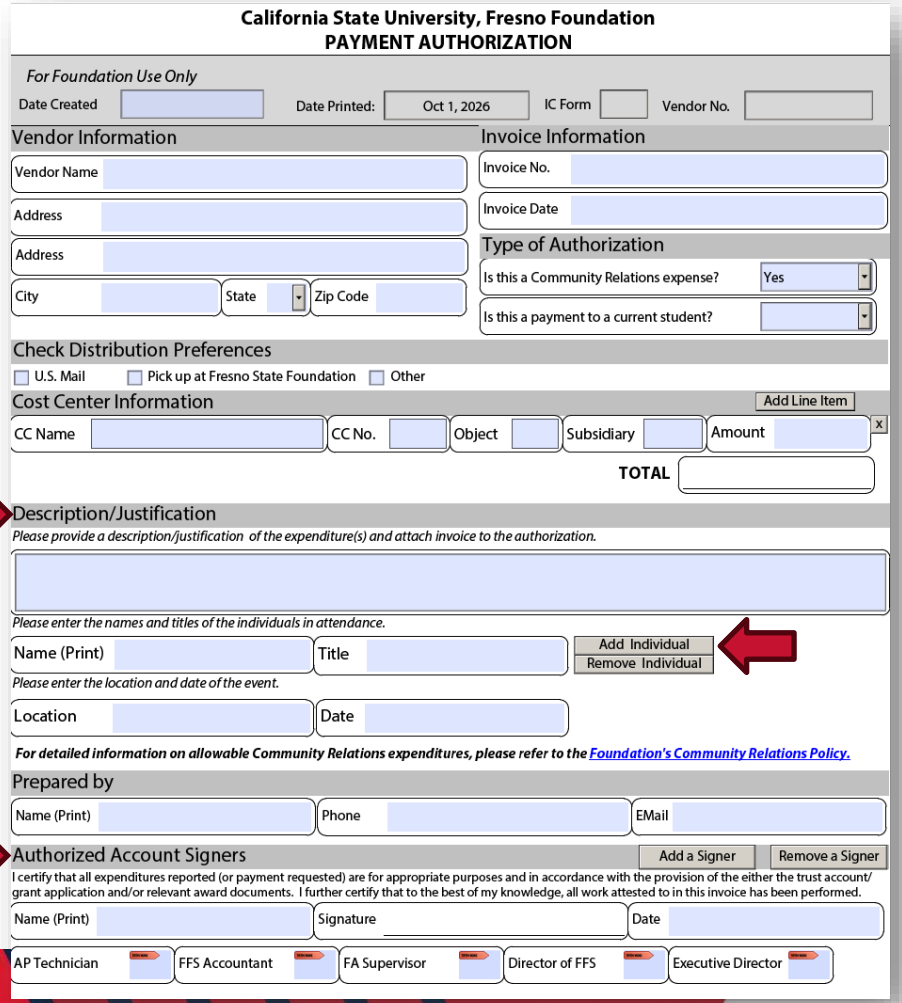
Name (Print) | Signature | Date

Authorization by Foundation

Signature

- Form must include:
  - Vendor Information
  - Cost Center Information
  - Description/Justification
  - Approval from Authorized Account Signer(s)
    - Account signer may not approve authorizations:
      - Payable to themselves
      - Payable to their supervisor
- Original invoice or receipt(s) must be included as supporting documentation
  - If purchased with a credit card, credit card receipt required

Submitting a Community Relations Expense



California State University, Fresno Foundation
PAYMENT AUTHORIZATION

For Foundation Use Only

Date Created | Date Printed: Oct 1, 2026 | IC Form | Vendor No.

Vendor Information

Vendor Name
Address
Address
City | State | Zip Code

Invoice Information

Invoice No.
Invoice Date

Type of Authorization

Is this a Community Relations expense? Yes
Is this a payment to a current student?

Check Distribution Preferences

☐ U.S. Mail ☐ Pick up at Fresno State Foundation ☐ Other

Cost Center Information Add Line Item

CC Name | CC No. | Object | Subsidiary | Amount | x

TOTAL

Description/Justification

Please provide a description/justification of the expenditure(s) and attach invoice to the authorization.

Please enter the names and titles of the individuals in attendance.

Name (Print) | Title | Add Individual | Remove Individual

Please enter the location and date of the event.

Location | Date

For detailed information on allowable Community Relations expenditures, please refer to the Foundation's Community Relations Policy.

Prepared by

Name (Print) | Phone | EMail

Authorized Account Signers Add a Signer | Remove a Signer

I certify that all expenditures reported (or payment requested) are for appropriate purposes and in accordance with the provision of the either the trust account/ grant application and/or relevant award documents. I further certify that to the best of my knowledge, all work attested to in this invoice has been performed.

Name (Print) | Signature | Date

AP Technician | FFS Accountant | FA Supervisor | Director of FFS | Executive Director

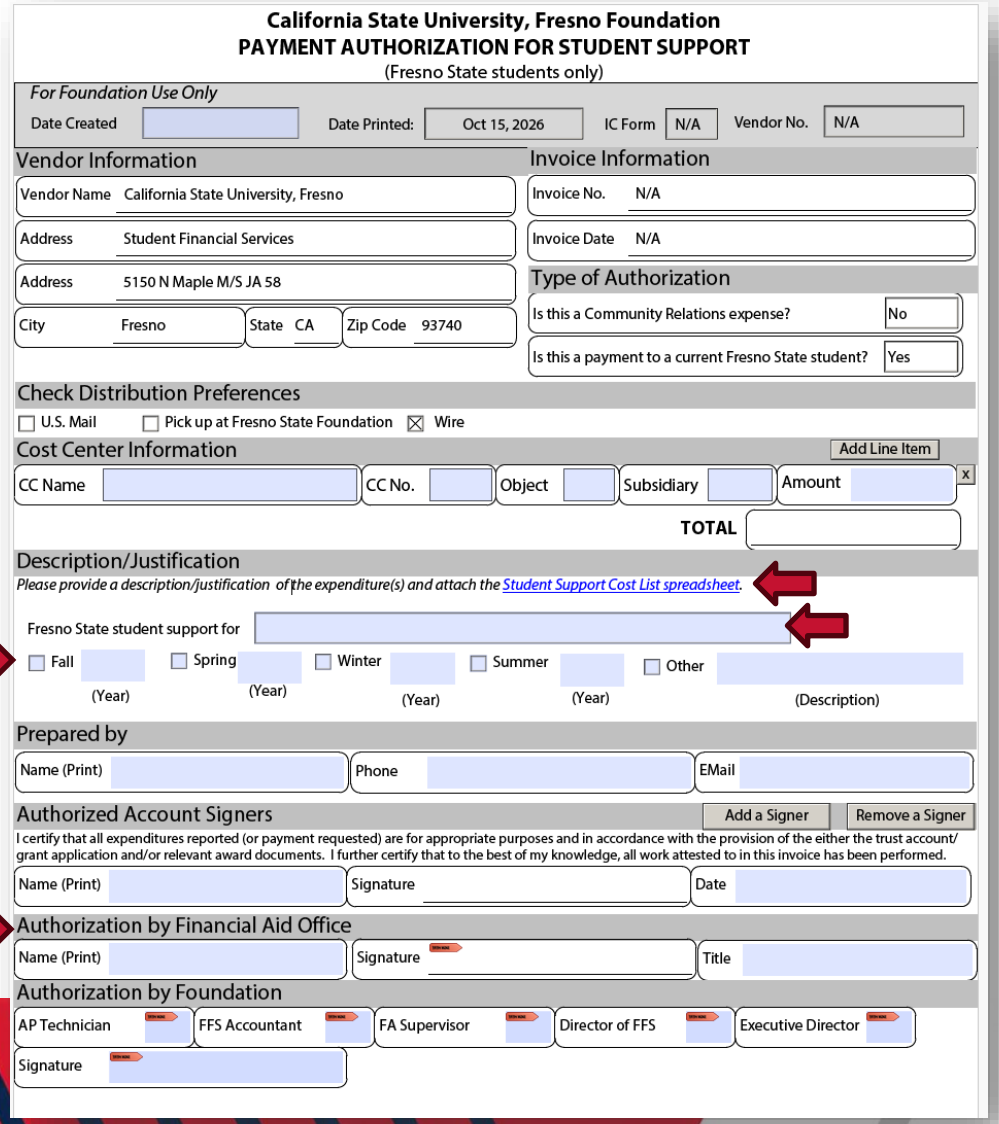
- Form must include:
  - Description/Justification
  - Name(s) of attendees and their relationship to the University/Foundation
  - Approval from Authorized Account Signers(s)
- Highest-ranking University/Foundation employee in attendance is responsible for the payment

Community Relations Expenses

Examples of Allowable Expenditures
• Membership and participation in the activities of community groups
• Official University programs/activities that: a) Promote students, faculty and staff b) Professional development c) Donor cultivation and stewardship
• Hospitality includes provision for meals, catered events, promotional materials, gifts and travel expenses for official guests of the University or Foundation
• Awards in recognition of service, retirement gifts, incentives, program awards, etc.
• Promotional materials to promote the University or Foundation
• Employee relations for events such as employee recognition, service or retirement
• Business-related meals, when necessary to conduct official University or Foundation business

*For sponsored programs, please verify if allowable per award documents

Submitting a Student Support Expense



California State University, Fresno Foundation
PAYMENT AUTHORIZATION FOR STUDENT SUPPORT
(Fresno State students only)

For Foundation Use Only

Date Created | Date Printed: Oct 15, 2026 | IC Form N/A | Vendor No. N/A

Vendor Information

Vendor Name: California State University, Fresno
Address: Student Financial Services
Address: 5150 N Maple M/S JA 58
City: Fresno | State: CA | Zip Code: 93740

Invoice Information

Invoice No.: N/A
Invoice Date: N/A

Type of Authorization

Is this a Community Relations expense? No
Is this a payment to a current Fresno State student? Yes

Check Distribution Preferences

☐ U.S. Mail ☐ Pick up at Fresno State Foundation ☒ Wire

Cost Center Information — Add Line Item

CC Name | CC No. | Object | Subsidiary | Amount

TOTAL

Description/Justification

Please provide a description/justification of the expenditure(s) and attach the Student Support Cost List spreadsheet.

Fresno State student support for

☐ Fall (Year) ☐ Spring (Year) ☐ Winter (Year) ☐ Summer (Year) ☐ Other (Description)

Prepared by

Name (Print) | Phone | EMail

Authorized Account Signers — Add a Signer | Remove a Signer

I certify that all expenditures reported (or payment requested) are for appropriate purposes and in accordance with the provision of the either the trust account/ grant application and/or relevant award documents. I further certify that to the best of my knowledge, all work attested to in this invoice has been performed.

Name (Print) | Signature | Date

Authorization by Financial Aid Office

Name (Print) | Signature | Title

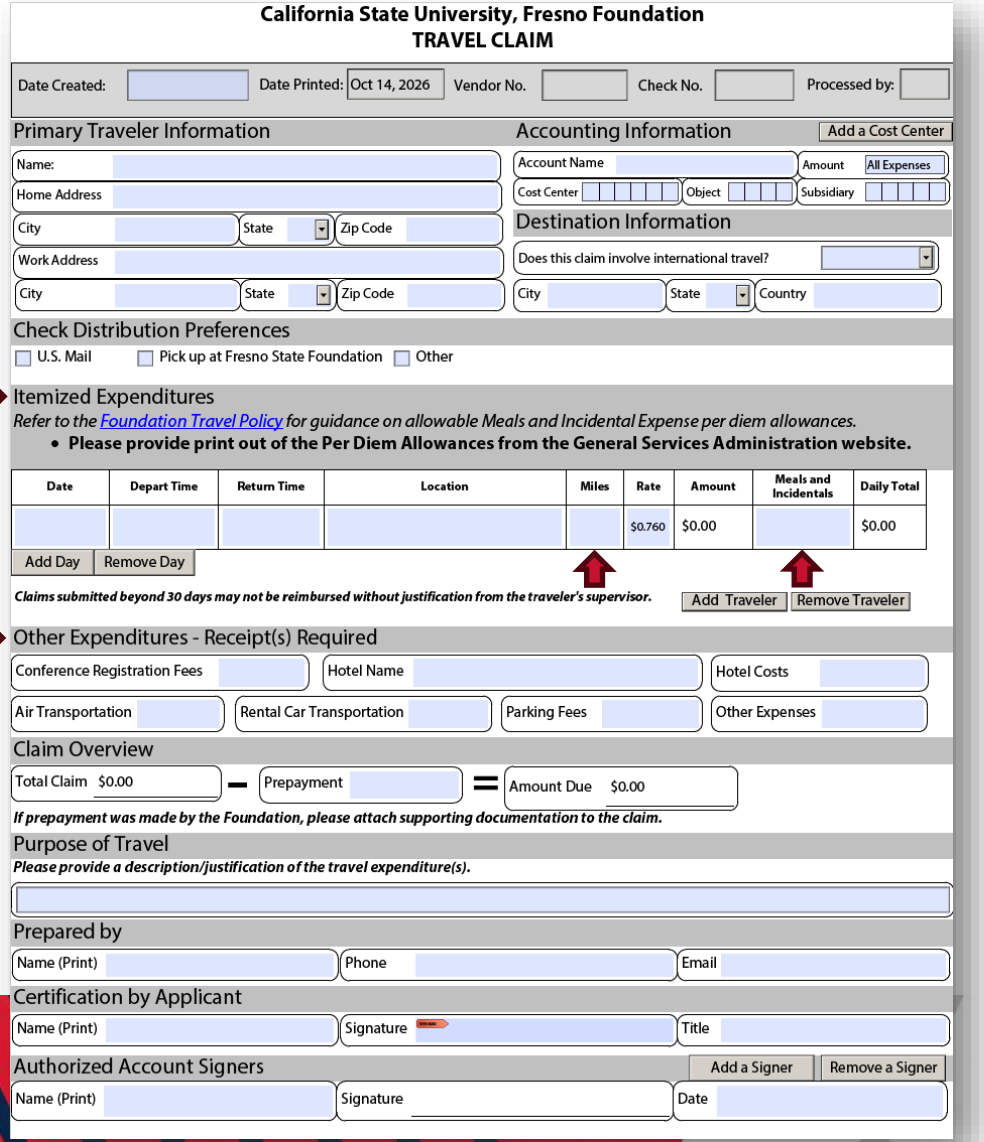
Authorization by Foundation

AP Technician | FFS Accountant | FA Supervisor | Director of FFS | Executive Director

Signature

- Used to pay current students non-payroll stipends or tuition payments
- Must be approved by the Financial Aid Office ***before*** being sent to the Foundation
- Payment issued through the University's student refund process rather directly from the Foundation
- Student Support Spreadsheet required
- Identify if the student is to be paid or payment should be applied against fees

Travel Expense Claim Form



California State University, Fresno Foundation
TRAVEL CLAIM

Date Created: | Date Printed: Oct 14, 2026 | Vendor No. | Check No. | Processed by:

Primary Traveler Information

Name:
Home Address
City | State | Zip Code
Work Address
City | State | Zip Code

Accounting Information — Add a Cost Center

Account Name | Amount: All Expenses
Cost Center | Object | Subsidiary

Destination Information

Does this claim involve international travel?
City | State | Country

Check Distribution Preferences

☐ U.S. Mail ☐ Pick up at Fresno State Foundation ☐ Other

Itemized Expenditures

Refer to the Foundation Travel Policy for guidance on allowable Meals and Incidental Expense per diem allowances.

- **Please provide print out of the Per Diem Allowances from the General Services Administration website.**

Date	Depart Time	Return Time	Location	Miles	Rate	Amount	Meals and Incidentals	Daily Total
					$0.760	$0.00		$0.00

Add Day | Remove Day

Claims submitted beyond 30 days may not be reimbursed without justification from the traveler's supervisor.

Add Traveler | Remove Traveler

Other Expenditures - Receipt(s) Required

Conference Registration Fees | Hotel Name | Hotel Costs
Air Transportation | Rental Car Transportation | Parking Fees | Other Expenses

Claim Overview

Total Claim $0.00 − Prepayment = Amount Due $0.00

If prepayment was made by the Foundation, please attach supporting documentation to the claim.

Purpose of Travel

Please provide a description/justification of the travel expenditure(s).

Prepared by

Name (Print) | Phone | Email

Certification by Applicant

Name (Print) | Signature | Title

Authorized Account Signers — Add a Signer | Remove a Signer

Name (Print) | Signature | Date

- Used to receive reimbursement for approved travel expenses
- Submit for reimbursement within 30 calendar days from the date of travel
- Itemized expenditures accompanied by the original invoices/receipts
- Per Diem is paid for meals and incidentals
  - Per Diem page or screenshot from GSA website must be included
- For mileage or rental car reimbursement, employee must have:
  - A valid California driver's license
  - Completed the University's Defensive Driving Certification program
- Maximum lodging rate for domestic travel may not exceed $333 per night (excluding taxes and other fees)

* *Group meals are to be reimbursed through a Payment Authorization, not a Travel Claim*

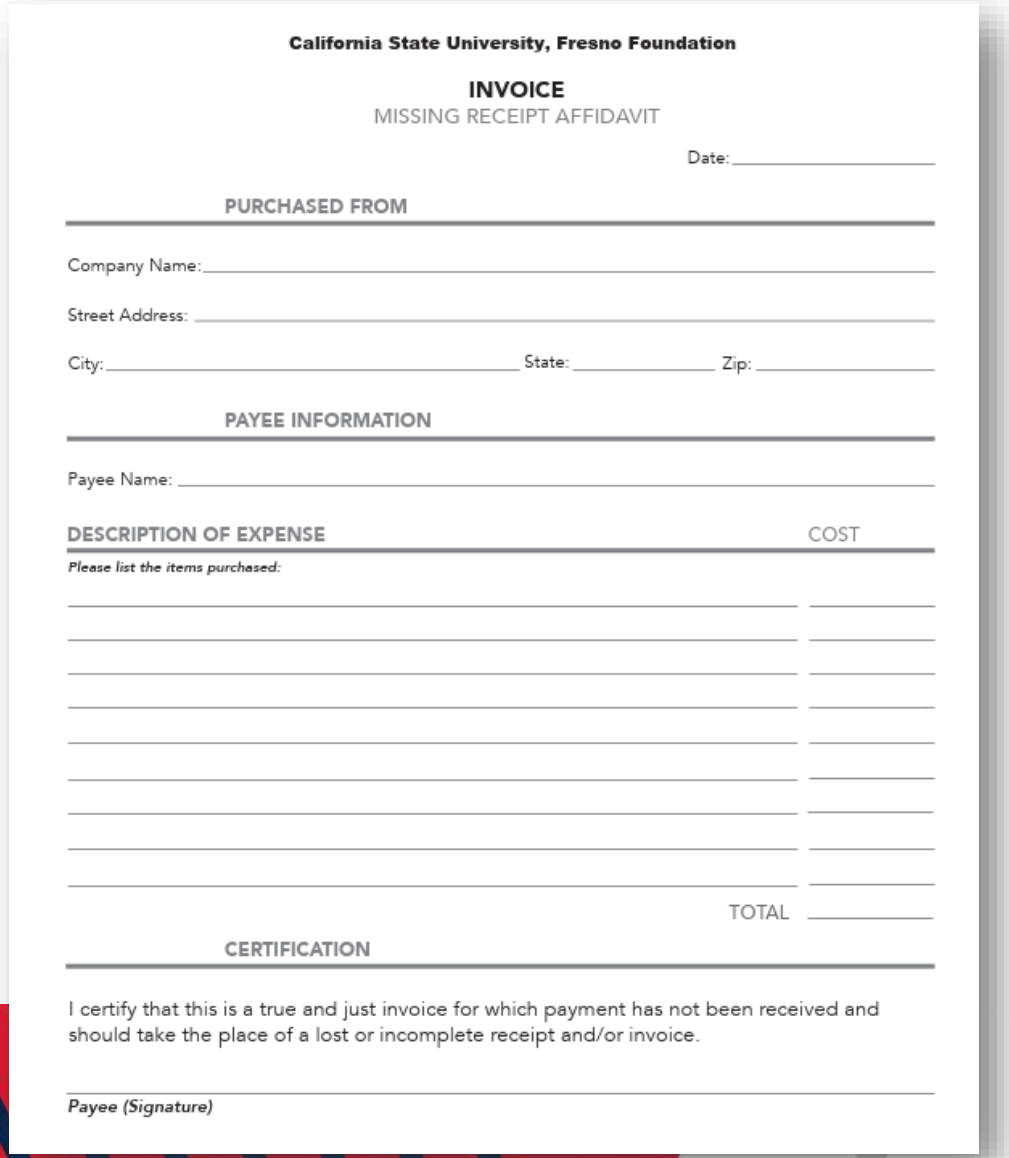
Submitting a Travel Claim

What Should I Submit?	
• Agenda, itinerary, or conference program with dates	
• Deduct meals provided by the event from the Per Diem	
• Conference registration and/or corresponding membership receipt with payment confirmation	
• When traveling by vehicle:	• For mileage, include a map showing the mileage claimed • For car rental, include the final receipt with payment confirmation • Include receipts for any other transportation expenses (i.e. Uber, parking)

• When traveling by plane:	• Include receipt of flight(s) with payment confirmation
	• Airfare rules:
	  • Standard seat selection fees are eligible for reimbursement
	  • Seat upgrade fees are non-reimbursable if changing the lowest available economy airfare rate
	  • Additional legroom or exit row seats are an example of non-reimbursable upgrades

• Lodging final folio:	• Must show the breakdown of the stay duration • Room upgrades are non-reimbursable • Food charged to the room must be deducted
• If a Travel Advance was received:	• Deduct travel advance from total amount of reimbursement
• Missing Receipt Affidavit if a receipt is lost or missing	

Missing Receipt Affidavit



California State University, Fresno Foundation

INVOICE
MISSING RECEIPT AFFIDAVIT

Date: _____

PURCHASED FROM

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

PAYEE INFORMATION

Payee Name: _____

DESCRIPTION OF EXPENSE COST

Please list the items purchased:

TOTAL _____

CERTIFICATION

I certify that this is a true and just invoice for which payment has not been received and should take the place of a lost or incomplete receipt and/or invoice.

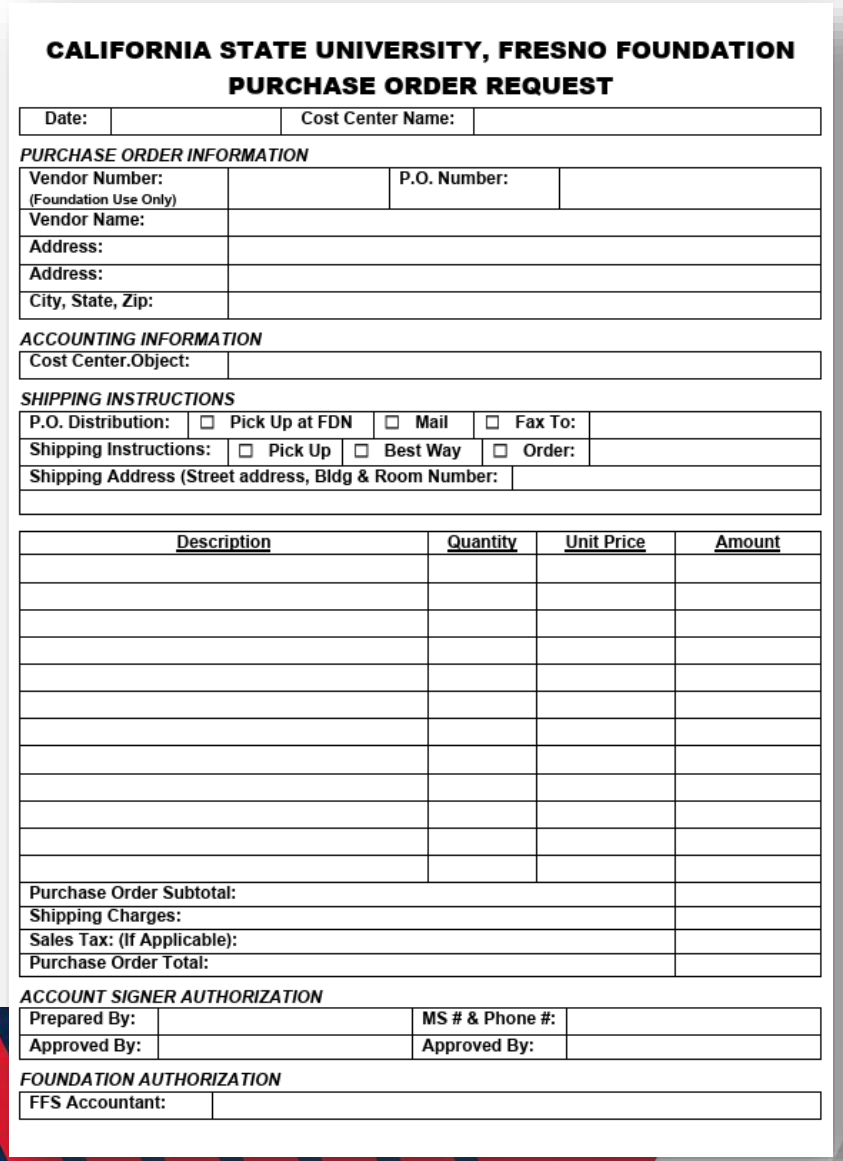
_____

Payee (Signature)

- Used if a receipt has been lost and was required for Payment Authorization and Travel Expense Form
  - Submit within 30 calendar days from the date of travel
  - When possible, obtain a duplicate receipt

* *Care should be taken to retain all required receipts. On the rare occasion one is lost, this form may be used.*

Purchase Order (PO) Request



CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION
PURCHASE ORDER REQUEST

Date:		Cost Center Name:	

PURCHASE ORDER INFORMATION

Vendor Number: (Foundation Use Only)		P.O. Number:	
Vendor Name:			
Address:			
Address:			
City, State, Zip:			

ACCOUNTING INFORMATION

Cost Center.Object:	

SHIPPING INSTRUCTIONS

P.O. Distribution:	☐ Pick Up at FDN	☐ Mail	☐ Fax To:	
Shipping Instructions:	☐ Pick Up	☐ Best Way	☐ Order:	
Shipping Address (Street address, Bldg & Room Number:				

Description	Quantity	Unit Price	Amount
Purchase Order Subtotal:			
Shipping Charges:			
Sales Tax: (If Applicable):			
Purchase Order Total:			

ACCOUNT SIGNER AUTHORIZATION

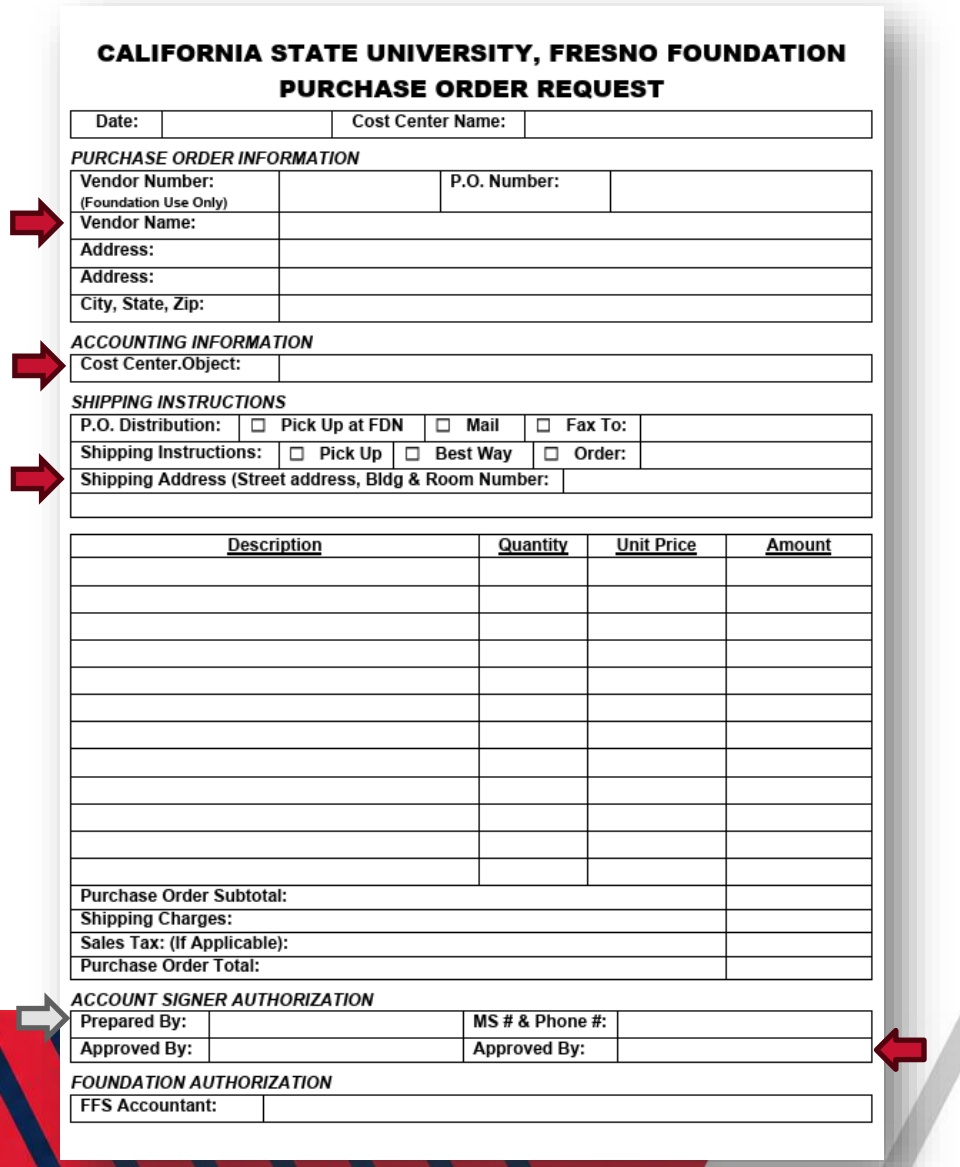
Prepared By:		MS # & Phone #:	
Approved By:		Approved By:	

FOUNDATION AUTHORIZATION

FFS Accountant:	

- Used for procurement of goods, services and equipment
- All purchases for sponsored programs must adhere to the requirements set forth in the contract/agreement and the approved budget
- A PO request must be submitted ***prior*** to the purchase
- Before submitting a PO request, confirm the purchase complies with Foundation's Procurement Policy and the vendor accepts POs
  - *Amazon does not*

Submitting a Purchase Order (PO) Request



CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION
PURCHASE ORDER REQUEST

Date:		Cost Center Name:	

PURCHASE ORDER INFORMATION

Vendor Number: (Foundation Use Only)		P.O. Number:	
Vendor Name:			
Address:			
Address:			
City, State, Zip:			

ACCOUNTING INFORMATION

Cost Center.Object:	

SHIPPING INSTRUCTIONS

P.O. Distribution:	☐ Pick Up at FDN	☐ Mail	☐ Fax To:	
Shipping Instructions:	☐ Pick Up	☐ Best Way	☐ Order:	
Shipping Address (Street address, Bldg & Room Number:				

Description	Quantity	Unit Price	Amount
Purchase Order Subtotal:			
Shipping Charges:			
Sales Tax: (If Applicable):			
Purchase Order Total:			

ACCOUNT SIGNER AUTHORIZATION

Prepared By:		MS # & Phone #:	
Approved By:		Approved By:	

FOUNDATION AUTHORIZATION

FFS Accountant:	

- Include:
  - Vendor Name, full address and email or phone number
  - Full Cost Center/Object/Subsidiary for the order
  - Copy of the quote, shopping cart or list the full description, quantity and pricing
  - Valid shipping address. This might be the warehouse.
  - Preparer's name and phone number in the event there are questions
  - Authorized Account Signer's name, signature and date
- Let us know if the Foundation should send the PO to the vendor or if you want it sent to you

* *Fresno State Foundation is not tax-exempt*

Purchasing Regulations

- Purchases of $10,000 or less may be approved by the appropriate project manager, administrator, or designee
  - POs are optional but strongly encouraged

- Purchases exceeding $10,000 require a PO and must be approved by the Foundation's Director of Finance or the Executive Director
  - Purchases $10,000 – $50,000 require a minimum of two (2) competitive bids
  - Purchases $50,000 – $100,000 require a minimum of three (3) competitive bids



Sole Source Justifications

If unable to obtain required competitive bids, a written justification and approval of the Executive Director and the Director of Finance is required. Include:	
• Description of the unique performance factors of the products specified:	• Rationale for why these factors are required and only available from one source • Explanation of other products that have been evaluated and rejected and the rationale for their rejection • Documentation as to why bids/proposals were not available from comparable vendor(s)
• If the purchase is for a federally-sponsored program, this requirement may be satisfied by one or more of the following:	• Written explanation of public emergency that will not allow a delay in purchasing due to competitive solicitation • Written documentation from the awarding agency authorizing purchase

Purchases in Excess of $20,000

- Minimum competitive bids are required, along with a formal written agreement to be executed prior to purchase, unless advance approval is given by the Executive Director or his/her designee

- If combined purchases with a single vendor exceed $25,000 in any one fiscal year, a written agreement/contract will be required in addition to approval from the respective Division Vice President or designee

- Purchases are subject to the approval of the Executive Director or his/her designee, consistent with approved budgets

- Any such agreements that relate to a federally sponsored contract shall include contractual provisions for legal remedies for contractor breach, termination by recipient, and compliance with Equal Employment Opportunity Commission (EEOC) requirements

Purchases in Excess of $100,000

- Shall be awarded as a result of a formal solicitation process
  - The formal solicitation shall comply with all California State University (CSU) requirements.

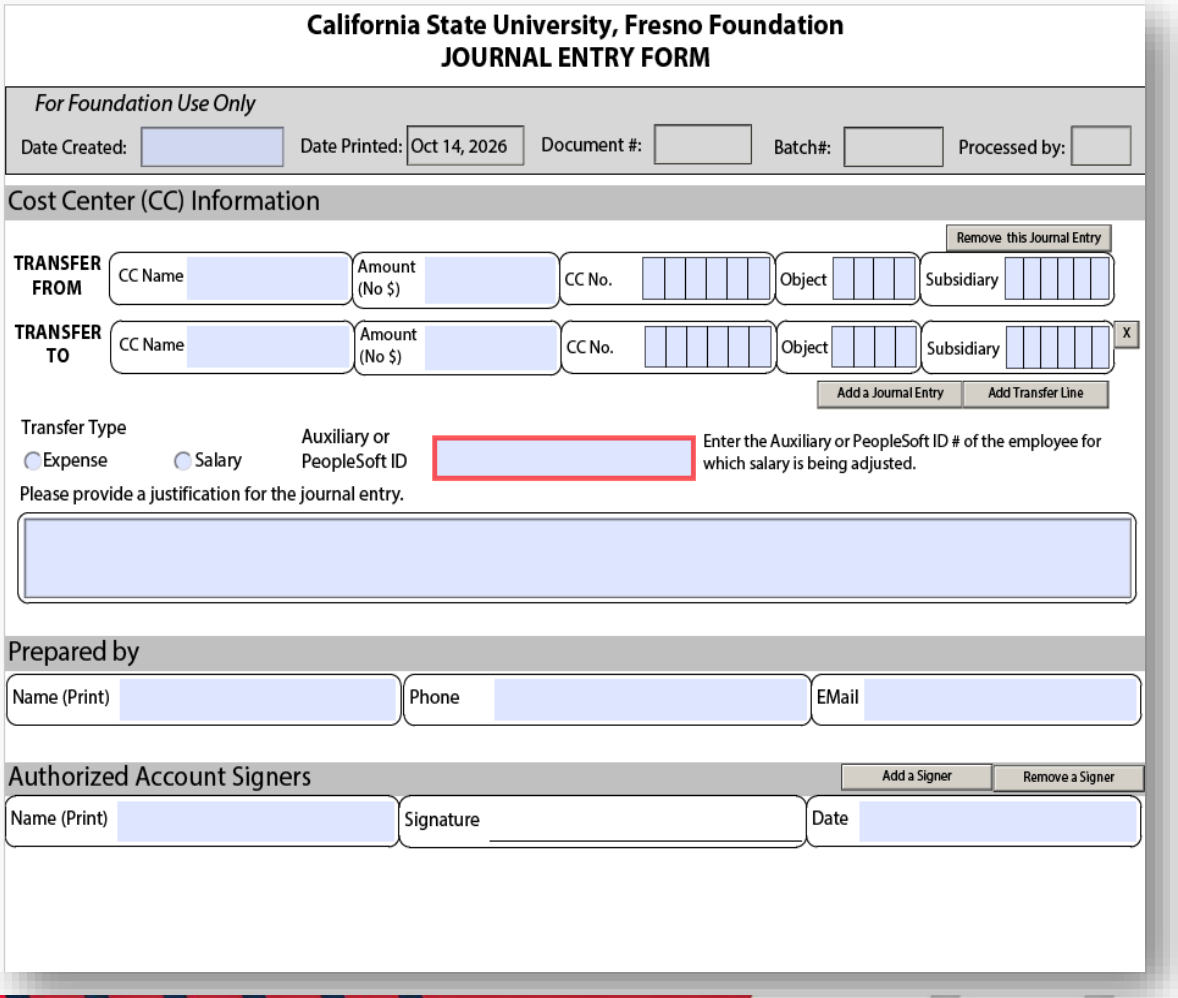
- Contact the Foundation for support as soon as you're aware that a large purchase will be necessary

Purchase Order (PO) Reminders

- Open POs may be used for routine repetitive purchases from the same vendor (except for equipment)
- Equipment purchases requiring on-campus installation involving the provision of labor by the vendor will require a written agreement, which must be reviewed by Auxiliary Staff and, if required, external counsel
- Computer and audio/visual equipment requires the approval by the IT liaison in Technology Services
- Purchases involving items bearing the University logo, service mark, etc. must be approved by University Communications
- Purchases utilizing funds from federally sponsored programs, grants or contracts shall be executed and approved in accordance with the sponsoring agency's procurement policies and in accordance with terms and conditions in the contract or agreement

* ***Contact the Foundation before making a purchase if you're uncertain about bidding, contracts, or approvals***

Journal Entry/Cost Transfer Form



California State University, Fresno Foundation
JOURNAL ENTRY FORM

For Foundation Use Only

Date Created: | Date Printed: Oct 14, 2026 | Document #: | Batch#: | Processed by:

Cost Center (CC) Information

Remove this Journal Entry

	CC Name	Amount (No $)	CC No.	Object	Subsidiary	
TRANSFER FROM						
TRANSFER TO						X

Add a Journal Entry | Add Transfer Line

Transfer Type: ○ Expense ○ Salary

Auxiliary or PeopleSoft ID

Enter the Auxiliary or PeopleSoft ID # of the employee for which salary is being adjusted.

Please provide a justification for the journal entry.

Prepared by

Name (Print) | Phone | EMail

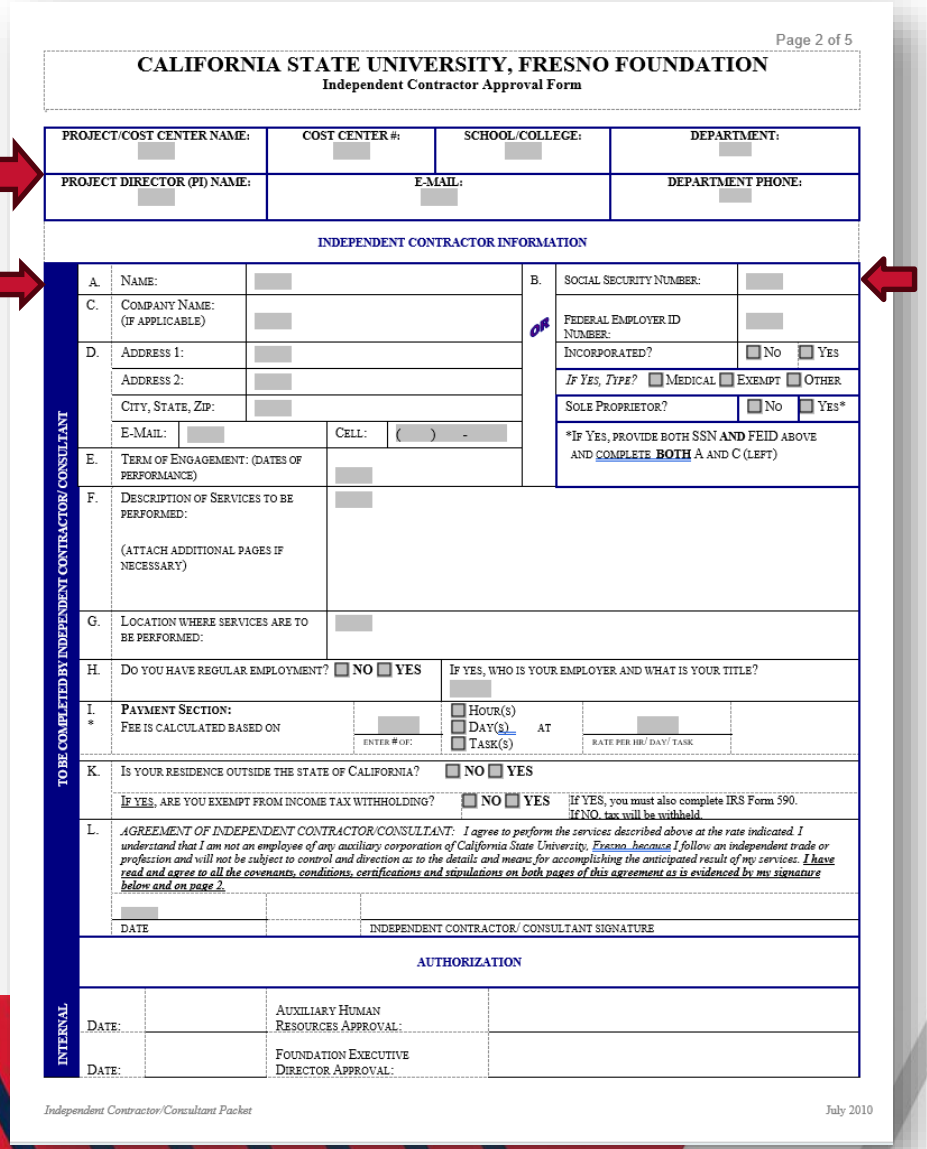
Authorized Account Signers — Add a Signer | Remove a Signer

Name (Print) | Signature | Date

- Used to transfer expenditures to or from a sponsored project or trust account to align with the actual benefit received on the project or correct a previously posted transaction

- To request a cost transfer, use the Journal Entry form and send to the Foundation for approval and processing. Include:
  - A screen print of the E1 account ledger with the document number of the original transaction
  - A copy of the original invoice, timesheet or any other supporting documentation
  - A written justification for the transfer

Independent Contractor (IC) Approval Form



Page 2 of 5

CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION
Independent Contractor Approval Form

PROJECT/COST CENTER NAME:	COST CENTER #:	SCHOOL/COLLEGE:	DEPARTMENT:
PROJECT DIRECTOR (PI) NAME:	E-MAIL:		DEPARTMENT PHONE:

INDEPENDENT CONTRACTOR INFORMATION

TO BE COMPLETED BY INDEPENDENT CONTRACTOR/ CONSULTANT

A.	NAME:		B.	SOCIAL SECURITY NUMBER:
C.	COMPANY NAME: (IF APPLICABLE)		OR	FEDERAL EMPLOYER ID NUMBER:
D.	ADDRESS 1:			INCORPORATED? ☐ NO ☐ YES
	ADDRESS 2:			IF YES, TYPE? ☐ MEDICAL ☐ EXEMPT ☐ OTHER
	CITY, STATE, ZIP:			SOLE PROPRIETOR? ☐ NO ☐ YES*
	E-MAIL:	CELL: ( ) -		*IF YES, PROVIDE BOTH SSN **AND** FEID ABOVE AND COMPLETE **BOTH** A AND C (LEFT)
E.	TERM OF ENGAGEMENT: (DATES OF PERFORMANCE)			
F.	DESCRIPTION OF SERVICES TO BE PERFORMED: (ATTACH ADDITIONAL PAGES IF NECESSARY)			
G.	LOCATION WHERE SERVICES ARE TO BE PERFORMED:			
H.	DO YOU HAVE REGULAR EMPLOYMENT? ☐ NO ☐ YES	IF YES, WHO IS YOUR EMPLOYER AND WHAT IS YOUR TITLE?		
I. *	**PAYMENT SECTION:** FEE IS CALCULATED BASED ON	ENTER #OF: ☐ HOUR(S) ☐ DAY(S) ☐ TASK(S) AT		RATE PER HR/ DAY/ TASK
K.	IS YOUR RESIDENCE OUTSIDE THE STATE OF CALIFORNIA? ☐ NO ☐ YES			
	IF YES, ARE YOU EXEMPT FROM INCOME TAX WITHHOLDING? ☐ NO ☐ YES	If YES, you must also complete IRS Form 590. If NO, tax will be withheld.		
L.	*AGREEMENT OF INDEPENDENT CONTRACTOR/CONSULTANT: I agree to perform the services described above at the rate indicated. I understand that I am not an employee of any auxiliary corporation of California State University, Fresno, because I follow an independent trade or profession and will not be subject to control and direction as to the details and means for accomplishing the anticipated result of my services. I have read and agree to all the covenants, conditions, certifications and stipulations on both pages of this agreement as is evidenced by my signature below and on page 2.*			
	DATE		INDEPENDENT CONTRACTOR/ CONSULTANT SIGNATURE	

AUTHORIZATION

INTERNAL

DATE:		AUXILIARY HUMAN RESOURCES APPROVAL:	
DATE:		FOUNDATION EXECUTIVE DIRECTOR APPROVAL:	

Independent Contractor/Consultant Packet July 2010

- Used for every individual providing services, outside of the employee recruitment process, to ensure all individuals are properly classified
  - The form should be filled out by the potential IC
- Page 2 requests general information about the project and IC. Include:
  - Project information
  - ICs full legal name and address
  - SSN, or the FEID, required if the IC is a sole proprietor
- Submit completed form to Auxiliary Human Resources at: Auxiliary-hr@mail.fresnostate.edu
  - Once approved, HR will provide the IC form to the Foundation

Financial Accounting



Elizabeth Sinor
Director of Finance



Michelle Garcia
Staff Accountant



Nikki Harrison
Front Desk



Pam Woody
Accounting Technician



Crystal Perez
Trust Accountant



Becky Martinez
Accounting Analyst/
Travel



Marian Federoff
Accounting Assistant



Jose Coatepotzo
PO Processing/
Ordering



Sergio Martinez
PO Payment
Processing

Post Award Administration



Linda Christian
Associate Director Post Award Administration



Nathan Zanoni
Grant Analyst III
JCAST/Lyles Center/ LOCE/ARI



Gardenia Morales
Grant Analyst II
KSOEHD/Office of the President/CAH



Casey Harris
Grant Analyst II
SAEM/OCED/ORSP



Charles Flood
Grant Analyst II
Provost/AA/CSM



Arturo Garcia
Grant Analyst II
CHHS/Library



Josiah Walsh
Grant Analyst I



Marissa Estrada
Grant Analyst I



Aracely Perez
Contracts

Resources

- **Website:** https://auxiliary.fresnostate.edu/foundation/index.html
- **Phone:** 559-278-0850
- **Documents email:** fdndocuments@mail.fresnostate.edu
  - *Add this email as a CC recipient in Adobe Sign*
- **Zoom Office Hours:**
  - **Financial Services** (Travel, Trust Accounts, Purchase Orders, Payment Status, etc.)
    Wednesdays 10:30 -11:30am
    https://fresnostate.zoom.us/j/87451482637
  - **Post Award Administration**
    Thursdays 9:00-10:00am
    https://fresnostate.zoom.us/j/81256410239