

Philanthropic Foundation
Banking

Philanthropic Foundation



Foundation

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1. Understanding Your Account And The Relationship Between Philanthropic Foundation and Foundation

1. How do I know if my account is a Philanthropic Foundation Account or a Foundation Account?

Answer: If your account starts with a 6, 7, or 8, it is a Philanthropic Foundation account and is overseen by University Advancement.

2. Where Do I Find My Forms?

Answer: On The Foundation Website: <https://www.csudhfoundation.com/> Click on Forms at the top of the Web Page.

About Us ▾ Policies Forms Dining ▾ Human Resources ▾ More Services ▾ 🔍



You will then be brought here:

HR Forms

Payroll Forms

Finance Forms

Philanthropic Forms

Student Clubs and Orgs Forms

Click here to find your forms



OPENING A PHILANTHROPIC FOUNDATION ACCOUNT WITH FOUNDATION

UNIVERSITY ADVANCEMENT/PHILANTHROPIC FOUNDATION IS THE ENTITY THAT GOVERNS YOUR ACCOUNT. ALL ACCOUNT APPLICATIONS MUST FIRST BE APPROVED BY UNIVERSITY ADVANCEMENT.

FOUNDATION PROVIDES ACCOUNTING SERVICES TO THE PHILANTHROPIC FOUNDATION

Account number will remain blank until assigned

What do you want your account to be called?

Unrestricted means that this account can be used for any type of expenditures

If the donor has placed restrictions on their contribution, this account should be restricted.

Ensure you provide a transfer account name and number for funds to be transferred into when this account is closed.

ACCOUNT APPLICATION FORM

California State University, Dominguez Hills Philanthropic Foundation (CSUDHPF) is a non-profit corporation that is an auxiliary of California State University, Dominguez Hills (CSUDH) under the agreement with the CSU trustees and is exempt from Federal income tax under section 501(C)(3) of the Internal Revenue Code. CSUDHPF is the sole repository for philanthropic contributions from individuals, corporations, foundations, and other organizations in support of activities and programs of California State University, Dominguez Hills.

Funds must be used to benefit the University, a campus program, students, or an authorized faculty activity.

Accounts must comply with the guidelines, policies, and procedures of California State University, Dominguez Hills Philanthropic Foundation.

The account will automatically expire three (3) years from the date of its opening, at which point any remaining funds will be disposed of in accordance with the account application. Account holders must renew their accounts prior to expiration.

Complete all sections and return to Office of Advancement Services, Welch Hall A425
If you have any questions or need assistance, please contact Director of Advancement Services, at (310) 243-2673 or GiftAdmin@csudh.edu

Requestor: _____ Account Number: _____

Department: _____ Phone/Ext: _____

ACCOUNT APPLICATION TYPE

☐ Establish New Account. Account Name: _____

SOURCES OF FUND

☐ Contributions (Gifts) ☐ Other: _____

PURPOSE OF ACCOUNT

☐ Campus Program ☐ Endowments
☐ Scholarships ☐ Grants

ACCOUNT CATEGORIES

☐ Current Operations – Unrestricted ☐ Capital Purposes – Endowment: Income Restricted
☐ Current Operations – Restricted ☐ Capital Purposes – Loan Funds
☐ Capital Purposes – Property, Building, & Equipment ☐ Deferred Giving
☐ Capital Purposes – Endowment: Income Unrestricted

For Endowments only:

Duration: ☐ Permanent ☐ Term ☐ Quasi

DESIGNATED DIVISION

☐ Academic Affairs
☐ Administration and Finance
☐ Associated Students Inc.
☐ Athletics
☐ Information Technology
☐ President's Office
☐ Student Affairs
☐ University Advancement
☐ Other

DESIGNATED COLLEGE/PROGRAM

☐ College of Arts & Humanities
☐ College of Business Administration & Public Policy
☐ College of Education
☐ College of Extended and International Education
☐ College of Health, Human Services and Nursing
☐ College of Natural & Behavioral Science
☐ Library
☐ California Academy of Math and Science (CAM)

INSTRUCTIONS FOR CLOSING ACCOUNT (REQUIRED)

☐ Transfer to Related Fund: Account # and Name
☐ Transfer to State Trust Fund Account # and Name
☐ Permanent Cannot Be Closed

OPENING A PHILANTHROPIC FOUNDATION ACCOUNT WITH FOUNDATION CONT.

List the purpose of this account and any specific donor restrictions

Check/Circle all allowable expenditures

Fund Purpose and Description of Restrictions on use of Gifts and/or Endowment Income:

Allowable Expenditures (If Account Is Restricted Must Circle ALL Allowable Expenditures)

Salaries & Wages	Travel	Fringe Benefits (Faculty Release Time)
Stipends	Consultants	
Telephone/Communication Device	Computers/IPad	Supplies

State any other allowable expenditures not included in the list above: _____

Restrictions Alert (List important restrictions/donor requested restrictions below)

ACCOUNT SIGNERS FOR DISBURSEMENTS/CLOSING ACCOUNTS (Account Director, ARM/Fiscal Officer, Dean/Division Head)

Signer 1:

* Name Account Director
(Primary, responsible for account)

Title

Signature

Campus Address (Office Location)

Department

Campus Telephone

Signer 2:

* ARM/Fiscal Officer

Title

Signature

Signer 3:

* Dean/Division Head
(Must Sign To Approve Account)

Title

Signature

Signer 4: (not required)

* Additional Signer

Title

Signature

The Account Director is usually the Chair of the Department

The ARM or Fiscal Officer is the Budget Officer on your account

The Dean or Division Head MUST be a signer and sign to approve this account

OPENING A PHILANTHROPIC FOUNDATION ACCOUNT WITH FOUNDATION CONT.

Primary Signatory Agreement

As a primary signatory for a California State University, Dominguez Hills Philanthropic Foundation account, I understand and agree that I am responsible to reasonably ensure the following:

- All fundraising efforts by my department will be cleared with University Advancement for compliance with any Federal, State, CSU, and CSUDH requirements or restrictions.
- Donor restrictions on gift deposits to a CSUDHPF account must be consistent with the established purpose of the account. The CSUDHPF maintains various accounts for University departments as a technique for efficiently managing donor-imposed restrictions on funds.
- Donors should be instructed to make checks payable to the California State University, Dominguez Hills Philanthropic Foundation or CSUDHPF. Any funds that rightfully belong to the State will not be deposited with the CSUDHPF. Essentially, checks made payable to the University or one of its departments or programs cannot be deposited into the CSUDHPF.
- All withdrawal requests and transfers must be consistent with donor intent and compliant with any Federal, State, CSU, CSUDH, CSUDHPF and account restrictions/directives. Withdrawal requests will include a detailed explanation of the business purpose of the withdrawal with sufficient explanation to demonstrate that the transaction is consistent with the University's educational mission. For payment of invoices, original documentation should accompany the check request.
- I understand that interest earnings for Campus Programs and Scholarship accounts are retained by CSUDHPF to cover its operating costs; that an administrative fee is charged on all endowment accounts based on CSUDHPF Board policy; that credit card processing fees are charged for credit card deposit transactions; and that other fees may be charged based on the CSUDHPF Policy on Administrative Fees.
- As the primary signatory, I understand that I am responsible for the monthly reconciliation between departmental records and the CSUDHPF accounting printouts and will work with the CSUDHPF to correct any discrepancies in a timely manner.

California State University, Dominguez Hills Philanthropic Foundation is an auxiliary organization of California State University, Dominguez Hills. As such, the CSUDHPF is obliged to manage all funds pursuant to applicable State, CSU, and CSUDH policies and procedures.

Type or Print Name of Primary Signatory (Account Director)

Signature of Primary Signatory

Date

Note: CSUDHPF requires a signed Agreement on file for the Primary Signer on any CSUDHPF account. If a signer is the Primary Signer on more than one CSUDHPF account, only one signed Agreement is necessary. Please return signed Agreements to CSUDHPF, Welch Hall 425 (Attn: Office of Advancement Services).

For Advancement Services Office Use Only:

Fund ID: _____

VSE PURPOSE:

- | | | |
|--|--|--|
| <input type="checkbox"/> CO – Academic Divisions | <input type="checkbox"/> CO – Other Restricted | <input type="checkbox"/> CP – Endowment Restricted |
| <input type="checkbox"/> CO – Athletics | <input type="checkbox"/> CO – Public Service & Extension | <input type="checkbox"/> CP – Endowment Unrestricted |
| <input type="checkbox"/> CO – Faculty & Staff Compensation | <input type="checkbox"/> CO – Research | <input type="checkbox"/> CP – Loan Funds |
| <input type="checkbox"/> CO – Library | <input type="checkbox"/> CO – Student Financial Aid | <input type="checkbox"/> CP – Property Building |
| <input type="checkbox"/> CO – Operation & Maintenance of | (Scholarship) | |
| <input type="checkbox"/> Plant | <input type="checkbox"/> CO – Unrestricted | |

Financial Designation:

- | | |
|---|--|
| <input type="checkbox"/> Institutional/Compensation | |
| <input type="checkbox"/> Research | |
| <input type="checkbox"/> Academic Support | <input type="checkbox"/> Institution Support |
| <input type="checkbox"/> Student Services | <input type="checkbox"/> State Grants/Scholarships |
| | <input type="checkbox"/> Auxiliary |

Foundation Use Only:

Dept. #: _____ Officer: _____

Fund: _____ Entity: _____

The Account Director is the primary signatory on this account and understands that they are responsible for the items listed here

The Account Director is usually the Chair of your department

University Advancement vets all account applications. This form must first be submitted to University Advancement for approval.

RENEWING/REVISING/UPDATING SIGNATURES ON YOUR PHILANTHROPIC FOUNDATION ACCOUNT


The effective date is the date Foundation sets up your account. Leave this blank please


Your account will expire and need renewal three years from the effective date

This account will SUPERSEDE all past account signers. All signers must sign again if there is a change of signers.

University Advancement vets all Revision/Renewals. This form must first be submitted to University Advancement for approval.

Renewal/Revision Form (Update Signers)

CSUDH ADVANCEMENT SERVICES **Philanthropic Foundation** 



Philanthropic Account Name: Account Number: Effective Date:

This account will automatically renew once submitted and expire three years from the date of its submission, at which point any remaining funds will be disposed of in accordance with the account application type. Account holders must renew their accounts prior to expiration.

Account Information

This agreement is used to add, change or delete authorized signers who can approve expenditures related to this account. By signing this agreement, the account director agrees to be responsible for the programmatic and financial management and conduct of this account. The individuals listed below certify that all expenditures will be in compliance with the educational mission of the University, the policies and procedures of the Foundation, and the restrictions imposed. If the signature authority is delegated to other individuals, it is understood that the account director will be responsible for all expenditures relating to this account.

Please add the following additional signer(s) on the listed account(s) above for the following period

☒ For the entire period ☐ For the period only (start date) (end date)

Please note that it is the **Account Director's** responsibility to manage and maintain the understanding of this account.

You as the account director may delegate signature authority for the following:

- Deposits of funds
- University charge-back invoices
- Travel w/explanation & approval
- Payroll expenses
- Purchases of goods & services
- Budget transfer

Any persons wishing access to this account must be an authorized account signer below. All past Signature Applications will be void with the acceptance of this application. This account will still be governed by the terms of the original Account Application.

AUTHORIZED ACCOUNT SIGNER: Account Director (Primary Signer, Responsible for Account)

Name (Print)	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORIZED ACCOUNT SIGNER: ARM OR FISCAL OFFICER

Name (Print)	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORIZED ACCOUNT SIGNERS: DEAN OR DIVISION HEAD

Name (Print)	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

ADVANCEMENT SERVICES OFFICER

Name (Print)	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

OFFICIAL PHILANTHROPIC FOUNDATION ACCOUNT MEMO CONFIRMING YOUR ACCOUNT IS ACTIVE OR THE REQUESTED CHANGES HAVE BEEN APPROVED

**You will receive a memo that looks like this once
your account is established or renewed.**

IMPORTANT INFORMATION:

KEEP FOR YOUR RECORDS

Your account name will be noted here

Your 4 digit account number will be noted here

**Accounts expire every three years and must be renewed to remain
open**

**The individuals authorized to sign on this account will
be listed here**

**This account will SUPERSEDE all past account signers. All
signers must sign again if there is a change of signers.**



California State University
Dominguez Hills

PHILANTHROPIC FOUNDATION

1000 East Victoria Street • WH A-425 • Carson, CA 90747 (310) 243-3787

Date: 10/01/18

To:

Cc: Valerie Nguyen, Leo Garcia

From: Jinna Matzen

Subject: New Philanthropic Foundation Account

This letter is to inform you that a Philanthropic Foundation account has been approved and established per your request. Please note the following information and keep it for future reference.

New Account Name:

Account Number(s):

Expiration Date/Need Renewal:

Authorized Signers:

Your account number specifically identifies your account. Object codes denote what type of income or expense is coming or going out of your account. Please refer to the chart of accounts when making transactions.

If you have any questions, please feel free to contact me at extension 3244.

Jinna Matzen

Manager, Business Process Improvement, Customer and Board Relations

California State University, Dominguez Hills Foundation

1000 East Victoria Street, SCC 202 | Carson, CA 90747

(310) 243 - 3244 | jmatzen@csudh.edu

CSUDH | FOUNDATION

REQUEST TO UPDATE ALLOWABLE EXPENDITURES

HAVE THE DONOR'S INTENTIONS ON THE ACCOUNT CHANGED?

ON YOUR RESTRICTED ACCOUNT ARE THERE SOME ALLOWABLE EXPENDITURES THAT WERE NOT NOTED BEFORE?

CHECK OR CIRCLE ALL ALLOWABLE EXPENDITURES.

ON RESTRICTED ACCOUNTS ALL ALLOWABLE EXPENDITURES MUST BE LISTED.



Section 1

Name of Account _____

Account Number _____

School/Division/Area _____

This is a restricted gift or scholarship account. In order to change allowable expenses for scholarship or gift accounts approval has to be given by University Advancement. All items not circled or listed below will be seen as restricted.

Section 2

Allowable Expenditures

(Must Circle/List All Allowable Expenditures)

Salaries & Wages

Travel

Fringe Benefits

(Faculty Release Time)

Stipends

Consultants

Telephone/Communication Device

Computers/iPad

Supplies

State any other allowable expenditures not included in the list above: _____

Restrictions Alert (List important restrictions/donor requested restrictions below)

Section 3

Approvals

Account Director/Fiscal Officer/ARM:

Print Name _____

Sign _____

Date _____

Dean/Division Head:

Print Name _____

Sign _____

Date _____

University Advancement (Oversees Philanthropic Accounts):

Print Name _____

Sign _____

Date _____

FUND TRANSFER

DO YOU WANT TO TRANSFER FUNDS FROM ONE FOUNDATION ACCOUNT TO ANOTHER FOUNDATION HELD ACCOUNT? USE THIS FORM

THIS FORM CAN BE USED TO TANSFER MONEY TO AND FROM ALL FOUNDATION ACCOUNTS: PHILANTHROPIC FOUNDATION, STUDENT CLUBS AND ORGS, ETC.

AN OBJECT CODE LISTING CAN BE FOUND AT:
<http://csudhfoundation.com/services/financial-services/online-account-information/>

THIS FORM ONLY NEEDS UNIVERSITY ADVANCEMENT'S APPROVAL IF YOU HAVE A PHILANTHROPIC ACCOUNT (ACCOUNTS STARTING WITH A 6, 7, OR 8)

CSUDH FOUNDATION FUND TRANSFER REQUEST

Requester Name: _____

Title: _____

Extension #: _____

Division: _____



From Account Name	Account #	Object Code #	To Account Name	Account #	Object Code#	Amount \$
Total Transfer Amount						\$

Approvals

Account Signer Authorization (Print Name)

Sign

Date

Or University Advancement Approval

Foundation Approval (Accounting, Print Name)

Sign

Date

INVOICE REQUEST

Billing/Invoice Request Form



1000 East Victoria Street Carson, Ca 90747 (310) 243-3306

**DO YOU NEED FOUNDATION TO INVOICE AN ENTITY ON YOUR
ACCOUNT'S BEHALF?**

**FOR BILLING OF OTHER FOUNDATION ACCOUNTS, AN INVOICE IS NOT
NEEDED, A FUND TRANSFER CAN BE COMPLETED INSTEAD.**

**USE THIS FORM TO BILL THE UNIVERSITY (CSUDH) ACCOUNT OR AN
ENTITY OUTSIDE CSUDH.**

Section 1: Requester Information

Requester Name: _____

Title: _____

Extension #: _____

Division: _____

Section 2: Customer Information (Bill To)

Bill To Name _____

P.O. # (of applicable) _____

Address (Street Number) _____

City _____

State _____

Zip _____

Account Name	Account Number	Object Code	Amount
Invoice Total			\$

Description

Section 4: Invoice Text (will appear on invoice)

Section 5: Authorized Signer

Authorized Account Signer or UA Approver (print) _____

Signature _____

Date _____

DOMESTIC TRAVEL AUTHORIZATION AND ADVANCE

THIS FORM NEEDS TO BE SUBMITTED PRIOR TO TRAVEL
EVEN IF YOUR ARE NOT REQUESTING AN ADVANCE

Fill out your (traveler) information here

Don't forget your account number, ensure it is correct

1. Conference registration confirmation if asking for an advance for a conference
2. Hotel confirmation needed if asking for an accommodation advance
3. Transportation confirmation quote

Backup Documentation Needed

Print & Attach

*To pay vendor directly, complete lower portion of form
(attach quote, receipt, etc.)

ALL TRAVEL MUST BE APPROVED BY YOUR
DEAN/DIVISION HEAD/SUPERVISOR PRIOR TO
TRAVELING

CSUDH FOUNDATION **TRAVEL AUTHORIZATION AND ADVANCE**
(For international trips, please fill out International Travel Request Form)

SECTION I

TRAVELER INFORMATION

Name Phone Departure Date Return Date
☐ Student (requires waiver) ☐ Other:
☐ University/Foundation Employee

Purpose of Trip

DESTINATION

City State

City State

ACCOUNT INFORMATION

Account Number Object Code Amount Charged

Account Number Object Code Amount Charged

SECTION II

ADVANCE (Complete if requesting an advance prior to trip)

*Only claim meals that are allowable in the travel policy	Number of Days	Meal Totals (Max is \$55 Per Day)	Amounts Payable to Traveler	Amounts Payable to Other
Breakfast	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lunch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dinner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lodging:		<input type="text"/>	<input type="text"/>	<input type="text"/>
Transportation:		<input type="text"/>	<input type="text"/>	<input type="text"/>
Conference Registration:		<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Specify): <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals:		<input type="text"/>	<input type="text"/>	<input type="text"/>
Only 80% Advance provided to Traveler:		<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Mail Advance to Address: ☐ Call Ext: for pickup. ☐ Direct Pay (Must be Enrolled)

If advances for lodging, transportation, or conference registration are to be made payable to a payee other than the traveler, provide payee information:

LODGING	TRANSPORTATION	CONFERENCE
Payee Name <input type="text"/>	Payee Name <input type="text"/>	Payee Name <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>	Address <input type="text"/>

APPROVAL
This section must be completed prior to travel for all travelers when requesting an advance or if required by their department's policy.

Traveler's Signature Date Authorized Account Signer Approval Date
Foundation Approval Date Director/Dean/Dept. Head/ Date

MUST COMPLETE FOR REIMBURSEMENT & TO RECONCILE AFTER A TRIP EVEN IF YOU RECEIVED AN ADVANCE & DO NOT WANT A REIMBURSEMENT.

4. Backup Documentation Needed.
ATTACH ALL RECEIPTS

**EXPENSE REIMBURSEMENT/TRAVEL ADVANCE RECONCILIATION INFORMATION**

PAYMENT CHECK REQUEST: REIMBURSEMENTS/PAYMENTS

WHAT YOU NEED:

1. Enter Payee Information. Name to which the check will be made payable.

2. Payee's mailing address if check is to be mailed.

3. Payment amount- Total amount to be paid to payee

4. Account number & Object code: Object codes organize your funds, a list of codes can be found on the Foundation website.

5. Must complete Description/Justification for payment.

6. Enter your contact information

FOR CHECK REQUEST AMOUNTS OVER \$750.00 MUST RECEIVE DEAN/VP APPROVAL



PAYMENT (CHECK) REQUEST

ATTACH ORIGINAL SUPPORTING DOCUMENTATION, INCLUDING INVOICES, RECEIPTS, AND/OR FLYERS

FORM MUST BE FILLED OUT ELECTRONICALLY THEN PRINT AND SIGN

FOUNDATION USE ONLY		DATE PRINTED:		ACCOUNT BALANCE:		PEID:	
NAME		DATE		<input type="checkbox"/> INDIVIDUAL		<input type="checkbox"/> CORPORATION/ INCORPORATION	
ADDRESS							
STREET		CITY		STATE		ZIP	

PAYMENT INFORMATION

IS THIS PAYMENT (CHECK) REQUEST FOR SERVICE?		<input type="checkbox"/>	IS THIS PAYMENT FOR COMMUNITY RELATIONS?		<input type="checkbox"/>
PAYMENT AMOUNT:			SOCIAL SECURITY NUMBER OR FEDERAL TAX ID (IF CORP)		
Foundation Account #			Object Code		
			Amount charged to this account:		

DESCRIPTION/JUSTIFICATION

PLEASE PROVIDE A DESCRIPTION/JUSTIFICATION OF THE EXPENDITURE(S)

--	--

CHECK DISTRIBUTION PREFERENCES

<input type="checkbox"/> MAIL CHECK TO ADDRESS ABOVE	<input type="checkbox"/> N/A (DIRECTPAY)	<input type="checkbox"/> CALL	NAME	EXTENSION
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FOR QUESTIONS REGARDING THIS CHECK REQUEST, FOUNDATION SHOULD CONTACT:

NAME	EMAIL	EXTENSION	DEPARTMENT
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SIGNATURES (For Philanthropic accounts, amounts over \$750.00 must receive Dean or VP approval)

AUTHORIZED ACCOUNT SIGNER	DATE	PAYEE'S SUPERVISOR	DATE
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CSUDH FOUNDATION

EEO/AA EMPLOYER

CALIFORNIA STATE DOMINGUEZ HILLS FOUNDATION
1000 E. VICTORIA ST., CARSON, CA. 90747 (310) 243.3306

Date: _____

P.O. #F _____

***Purchase Order Number and Recipient's Name must appear on all Invoices, packages, and shipping papers.**

Receiving Dept.

Recipient's Name:

CSU Dominguez Hills

1000 East Victoria St.

Carson, CA 90747

Send Invoice To:

ATTN: Accounts Payable

CSUDH Foundation

1000 East Victoria St.

Carson, CA 90747

Name:

Vendor Email:

Address:

Phone #:

Fax #:

Vendor Contact Name:

Fed. Tax ID #

Quantity	Unit	Description/Justification for Purchase	Unit Price	Total Price
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00

Approvals	Print Name	Signature	Sales Tax 9.5%	\$ \$ 0.00
Signer 1			Shipping	\$
FN Approval			Total	\$ \$ 0.00

Vendor Note: Two signatures required for valid PO

Customer: Attach Additional Sheets if Needed

Campus Contact Name/Extension

Foundation Account #:

Object Code:

WHAT YOU NEED:

1. For purchases under 5000, no quotes are necessary. Simply complete the “description/justification’ portion of this form.
2. Fill in Vendor Name and Address.
3. Your Purchase Order # will be issued by Foundation.
4. Make sure to fill out your information at the bottom of this page to ensure you are notified of the issued purchase order.

PURCHASE JUSTIFICATION FORM

FOR PURCHASES UNDER \$5,000 YOU DO NOT NEED TO FILL OUT THIS FORM. FILL OUT THE PURCHASE ORDER FORM. IF ADDITIONAL SPACE IS NEEDED THIS FORM CAN BE USED FOR JUSTIFICATION

FOLLOW THE DIRECTIONS ON THE TOP OF THIS FORM FOR AMOUNTS IN EXCESS OF \$5,000.

Purchase Justification Form

- For purchases under \$5000, no quotes are necessary. Simply complete this form.
- For purchases \$5000 up to \$20,000, obtain at least three verbal quotes and complete this form.
- For purchases over \$20,000, obtain at least three written quotes.
- For sole source vendors equaling or exceeding \$20,000, complete vendor information and selection justification sections.

Vendor Information(Selected Vendor)

Vendor Name	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Phone Number	<input type="text"/>	Email	<input type="text"/>		
Total Cost Quoted	<input type="text"/>	Name of Contact	<input type="text"/>		

Selection Justification

State any considerations, such as price, product quality, terms, existing equipment compatibility, etc., which will justify the vendor selection.

Check if appropriate: ☐ Small Business ☐ Minority-owned

Other Vendor Quotes (Under \$5,000, do not complete)

List at least two other vendors contacted for this purchase.

Vendor Name:	<input type="text"/>	Vendor Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
City/State/Zip:	<input type="text"/>	City/State/Zip:	<input type="text"/>
Phone Number:	<input type="text"/>	Phone Number:	<input type="text"/>
Total Cost Quoted:	<input type="text"/>	Total Cost Quoted:	<input type="text"/>
Name of Contact:	<input type="text"/>	Name of Contact:	<input type="text"/>
<input type="checkbox"/> Small Bus. <input type="checkbox"/> Minority-owned		<input type="checkbox"/> Small Bus. <input type="checkbox"/> Minority-owned	

Remember:

- Attach any written quotes for purchases over \$20,000.
- Attach this form to purchase order.

INDEPENDENT CONTRACTOR FORM (FOR SPEAKERS, PERFORMERS, OR OTHER SERVICES)

WHAT YOU NEED:

1. Independent Contractor Packet must be filled out by the person you are hiring.



INDEPENDENT CONTRACTOR APPROVAL FORM

INDEPENDENT CONTRACTOR INFORMATION (To Be Filled Out By Contractor)

Name

Company Name (If Applicable)

Social Security Number

Federal Employer ID #

Address

Street

City

State

Zip

E-Mail

Phone

Sole Proprietor?

☐

YES

☐

NO

If yes, provide both SSN and FEID # above and complete fields "Name" and "Company Name."

Incorporated?

☐

YES

☐

NO

If yes, type?

☐

Medical

☐

Exempt

☐

Other

Term of Engagement (Dates of Performance)

Add Date

Remove Date

Starting Date

Ending Date

Description of Services To Performed (Attach Additional Pages If Necessary)

Location Where Services Are To Be Performed:

Do you have regular employment?

☐

YES

☐

NO

Is your residences outside the state of California?

☐

YES

☐

NO

PAYMENT SECTION

Fee is calculated based on:

Enter # of

☐

Hour(s)

☐

Day(s)

☐

Task(s)/Project

Rate per Hour /Day /Task

CATERING EXCEPTION FORM

ARE YOU HAVING AN EVENT OR FUNDRAISER THAT INVOLVES FOOD?
IF SO FILL OUT THIS FORM.

ALL FOOD EVENTS MUST USE CAMPUS DINING UNLESS AN EXCEPTION
IS GRANTED.

WHAT YOU NEED:

2. IF YOU NEED A CATERING EXCEPTION GIVE THE JUSTIFICATION

3. IF YOU ARE HAVING A POTLUCK OR BAKE SALE THIS FORM
NEEDS TO BE FILLED OUT.

CATERING EXCEPTIONS REQUIRE APPROVAL FROM
CAMPUS DINING

California State University, Dominguez Hills Foundation
REQUEST FOR EXCEPTION FROM CATERING POLICY ON CAMPUS ENTITY

NAME OF ON CAMPUS ORGANIZATION:	NAME OF INDIVIDUAL TO CONTACT:
DATE OF EVENT:	TIME OF EVENT:
NAME OF EVENT:	CAMPUS LOCATION OF EVENT:

THIS FORM MUST BE SUBMITTED TO THE OFFICE OF THE STUDENT UNION TWO WEEKS (14 DAYS) PRIOR TO THE EVENT

☐ **CATERING EXCEPTION (MUST BE COMPLETED IN FULL) FOR USE BY ON CAMPUS ENTITIES ONLY.**

Complete the following section if requesting a **CATERING EXCEPTION**.

Reason an exception is being requested (budget issues will not automatically gain approval-you may need to adjust quantities, items or #'s)

Proposed Caterer	Proposed Budget for this event
Caterer:	
Address:	
Phone Number:	License Number: (Estimate if Necessary)

☐ **POTLUCK** - or - ☐ **BAKE SALE / FOOD SALE (FUNDRAISING)**

ITEMS ARE CONSIDERED HOME PREPARED & MEET ALL SERVING GUIDELINES
Complete the following section if requesting exception for a **POTLUCK** or **BAKE SALE / FOOD SALE REQUEST only**. Check the appropriate box (above) to indicate the type of exception (either Potluck or Bake Sale) being requested.

Food items including condiments (be specific):

Location where food will be prepared:

Storage of perishable food during transport:

Methods of keeping hot foods hot/cold foods cold during service:

All foods must be maintained at a temperature of below 45° F degrees for cold foods and 140° F degrees or above for hot foods.

Non-perishable foods are: Fruit pies, doughnuts, bread, cookies, candies, cakes without custard or whipped cream icing or filling, pretzels, soft drinks, punch, fresh or commercially canned fruit, and peanut butter. Any food high in protein, such as milk and meats, is considered perishable and potentially hazardous. DO NOT store or serve acid base foods such as punch, canned fruit, or fruit juices in galvanized containers because a poisonous by product will be formed.

AGREEMENT: For the privilege of selling food on campus, the applicant organization agrees to comply with the rules governing food sales