

BINGHAMTON UNIVERSITY

F O U N D A T I O N

Enclosed are the revised expense policies for *Binghamton University Foundation – Agency Accounts*. Please review these policies carefully.

- If any item is unclear, please send your questions to:
 - Sally Fults, Senior Director of Administrative Services at sfults@binghamton.edu or
 - James Zaharis, Director of Accounting Services at jzaharis@binghamton.edu

- Please note the requirements for supporting documentation for each submission

- Please note that an approved Request and Authorization for Travel form must accompany any request for travel expense reimbursements, including:
 - credit card expense report
 - travel expense report
 - payment to vendors utilizing a voucher

- Please note that a sample voucher and voucher preparation instruction sheet have been enclosed for your review.

- Please forward a copy of the policies to any alternative authorized signatory on the account.

Effective date: July 1, 2009

BINGHAMTON UNIVERSITY FOUNDATION

AGENCY ACCOUNTS

The State University of New York at Binghamton utilizes Agency Accounts per the Agency Account Guidelines (Doc No 7000) set by the State University of New York. These Guidelines define Agency Accounts as those to receive, hold and disburse funds on behalf of students, faculty, staff members, or appropriately recognized organizations. These non-State Agency Accounts are not to be used to receive, hold or disburse State funds. Agency Accounts are available to accommodate the needs of Binghamton University if their purpose falls with the Guidelines approved by the Board of Trustees.

Agency Accounts are maintained by the Binghamton University Foundation in a custodial or fiscal agent capacity for the benefit of the individual students, faculty or staff members, or appropriately recognized organizations and are not funds of the Binghamton University Foundation. The Foundation provides bookkeeping and accounting services. These accounts are subject to a quarterly overhead fee of 10% to offset the costs of administering the accounts. The fee is based on cash deposits to the account for the quarter.

The following policies apply to the Agency Accounts:

A. General information

- a. A request for disbursement will be processed in one of three :
 - i. Voucher or
 - i. Voucher with the Travel expense report (expenses not charged to corporate credit card) attached or
 - ii. Monthly corporate credit card expense report
- b. Each request for disbursement must be accompanied by original documentation and include the purpose, justification and appropriate account number to be charged. (If original documentation is unavailable, then a written explanation as to why the original is not attached, along with copies of any other supporting documentation must be attached.)
 - iii. Example - events: attached items such as the "flier", email, pamphlet, list of attendees, etc.
 - iv. Example - meals: detailed/itemized restaurant receipt, along with attendees and purpose
- c. Each expense should be "ordinary, necessary and reasonable" and stand up to a "reasonableness test as compared to local and current standards."
- d. Each expense should be within the approved purpose of the account.
- e. If the request appears vague, ambiguous or not clearly related to the purpose of the account charged, additional justification will be required.

- f. Each form must be signed by an authorized signatory of the account being charged.
 - g. If the request is a reimbursement of expenses incurred
 - v. The person requesting reimbursement must sign the voucher
 - vi. Their supervisor must also sign the voucher.
 - vii. In addition, an authorized signature for the account charged must approve and sign the voucher. This person cannot be the requestor.
- B. Social Security numbers: For vouchers that require the recipient's name, permanent address and social security number, please submit either by hand delivery or if by mail, then in a sealed envelope. Once received by Accounting Services, such vouchers will be kept in a secure location.
- C. For the following specific expenditures from Agency Accounts: (refer to website: <http://administration.binghamton.edu/procedures/200series>)
- a. Payment of Honoraria follows the guidelines set forth in local Management Procedure #201.
 - i. An honorarium may not be paid to State employees for services at the home campus.
 - ii. An honorarium may be paid to State employees for activities at other than the home campus.
 - iii. Payments to persons who are not State employees will require the person's name, social security number and permanent address, along with appropriate supporting documentation for the amount to be paid.
 - b. Payment of Independent contractor follows the guidelines set forth in local Management Procedure #218.
 - i. Current University employees cannot receive independent contractor payments from the University, Research Foundation or Binghamton University Foundation for services at the home campus.
 - ii. An individual performing a personal service must qualify as an independent contractor, as defined by IRS regulations, in order to receive payment.
 - iii. In addition, the individual will be required to sign an Independent Contractor contract prior to beginning the service.
 - iv. Payments to independent contractors will require the person's name, social security number and permanent address, along with appropriate supporting documentation for the amount to be paid.
 - c. Payment of hosting, memberships, and business related events follow the guidelines set forth in local Management Procedure #202.
 - i. Expenditures must be appropriate for the specific funding source used.
 - ii. Expenditures can NOT be utilized for services or goods that primarily provide a personal benefit such as flowers, gifts, traffic or parking violations.

- iii. Hosting: Actual meal expenses can be paid over the current State maximum. However, all expenses are subject to a reasonableness test applied under the circumstances. In addition, all hosting expenses must fulfill a legitimate University/Foundation business/educational purpose and be allowable for the agency account charged. In cases, where reasonableness appears to be exceeded, only partial reimbursement will be approved.
 - iv. Memberships/subscriptions: Memberships in an individual's name will allowed as long as all materials and benefits received from the membership are the property of the agency and made available to all agency employees (NYS OSC Bulletin G-76)
- D. Under no circumstances may personal, non-university related expenses be processed through an Agency Account.
 - a. Examples of unallowable expense would be for flowers, gifts or other expenditures intended to benefit an individual.
 - b. The President's Office may make expenditures on behalf of the University that would benefit individuals as part of the official functions of the University.
- E. When an individual is being reimbursed for travel/hosting, etc. expenses primarily from State or Research Foundation (RF) funds, the amount that exceeds the permitted amount from either funding source may be eligible to be paid by Agency Accounts. Submit copies of the receipts submitted to the State/RF and a copy of the State/RF travel reimbursement request form.
- F. Purchases made from Agency accounts are exempt from NYS and local sales tax. A copy of the Foundation's sales tax exempt form can be obtained from the Accounting Services Office. The form will be completed by the Accounting Services Office prior to distribution to the custodian for the specific purchase. The form is never to be utilized for personal purposes, if this was done, the Foundation could lose its tax exemption status. The exemption should be used for all purchases. If this is not possible, the Agency Account custodian may reimburse the sales tax portion of the expense on a limited basis.
- G. Specific guidelines:
 - a. Travel
 - i. Obtain appropriate departmental approval for the trip utilizing the Request and Authorization For Travel form. Attach approval to any expenses submitted.
 - 1. Actual lodging expenses can be reimbursed over the current State maximum for regular travel, conventions or conferences of established organizations.
 - 2. Actual meal expenses can be paid over the current State maximum for breakfast and dinner. (No reimbursement will be made for lunch expenses when traveling.)

3. The per diem reimbursement rate can be paid at the current State maximum. An individual may follow either the State Method I or Method II, as stated in the Management Procedure #204, whichever method is the more beneficial to the individual.
 4. When an individual is being reimbursed for travel expenses primarily from State or SUNY Research Foundation funds, the difference between the maximum reimbursement amount permitted from either funding source, and the individual's actual expenses, can be paid from a Foundation agency account. Since original receipts will need to be submitted with the State or Research Foundation voucher, exact copies of the receipts, including a copy of the State or Research Foundation travel reimbursement voucher with the supervisor's signature (note: it is the custodian's responsibility to provide an original supervisor's signature), will be required as supporting documentation for the Foundation portion of the reimbursement.
 5. For all travel reimbursements made from Foundation agency accounts to University staff members, the individual employee's supervisor must sign in approval on the agency account voucher.
- ii. Use of personal vehicle – reimbursement will be based on the Internal Revenue Code's allowable reimbursement mileage rate effective at the time. You will also be reimbursed for any tolls and reasonable parking rates supported by receipts.
 - iii. Tips and gratuities – reasonable tipping is allowed, along with gratuities of 15-20% for meals.
 - iv. Cash advances for travel:
 1. Submit an approved cash advance voucher to the Foundation's Accounting services office at least 5 business days prior to the date the advance is required.
 2. By signing the cash advance voucher or responding in agreement via email, you agree to submit the Travel/expense report and, if applicable, a reimbursement voucher within 10 business days after the completion of your trip.
 3. Failure to properly account for advances in a timely manner may result in suspension or the cancellation of the advance privilege.
 4. Advances unaccounted for in a timely manner may be taxable income to the recipient and as applicable will be reported to the IRS.
- b. Meals/Hosting
 - i. The per diem reimbursement rate as allowed by the State can be utilized.

- ii. Documentation required:
 - 1. If the per diem rate is not utilized, then the detailed/itemized restaurant receipt is required unless the restaurant does not supply this item (you must note as such on the voucher). In addition, if a personal credit card is utilized, submit the charge slip and a copy of the credit card statement showing the charge to the account.
 - 2. If a hosting event:
 - a. Names of individuals present
 - b. Purpose
 - c. Brochure/pamphlet/email notification/announcement/agenda, etc. as appropriate
- c. Supplies/Equipment/Furniture
 - i. Purchase orders are available for use and are to be only used when a vendor requests a purchase order number and form. All applicable authorized signatures must be obtained to issue the purchase order form. See Accounting Services for a purchase order form.
 - ii. Supplies should be ordered from vendors that provide quality products at the lowest cost. Whenever possible, comparisons between vendors, including those with State contracts should be conducted prior to ordering.
 - iii. Equipment/furniture purchases are those items with a probable life of 2 years or more and a value greater than \$1,500. The purchase must be approved within the budget process or subsequently pre-approved by management. Each item must be tagged for inventory purposes. Whenever possible, comparisons between vendors, including those with State contracts should be conducted prior to ordering.



SAMPLE
(front pg. only)

REQUEST AND AUTHORIZATION FOR TRAVEL

Distribution: State: Business Office, Travel Section, AD-512, 7-4660
 Research Foundation: Sponsored Funds Administration, 7-6752
 Binghamton Foundation Funds: Foundation, Accounting Services, AD-225

Today's date _____
 Name of traveler _____ Employee completing form _____
 Departure point (city, state) _____ Department _____
 Destination (city, state) _____ Departure date _____
 Employer: State Research Foundation Return date _____

Please check: meeting conference recruiting field trip other (specify) _____

Purpose and details of trip: (If candidate, indicate position for which candidate is being interviewed.) _____

**MUST BE Attached
to any expenses
submitted in
connection with
the travel**

Travel will be by: plane train bus personal car rental car
 Air/train authorization number needed? yes no Air/train control number _____
 Lodging authorization number needed? yes no Lodging control number _____
 Contact person _____ Telephone number _____

Terms of reimbursement: (Please indicate those that apply.) transportation lodging meals miscellaneous

Support recommended: full allowable reimbursement _____ OR limited to \$ _____

Is a travel advance being requested (not applicable for non-state employees)? yes no

If yes, complete Application for Travel Advance form. Please allow two weeks for processing.

	<input type="checkbox"/> NYS	<input type="checkbox"/> NYS	<input type="checkbox"/> Research Foundation (only "P" for project required)	<input checked="" type="checkbox"/> Binghamton Foundation (account only)	<input type="checkbox"/> Other
P	_____	_____	_____	_____	_____
O	_____	_____	_____	_____	_____
E	_____	_____	_____	_____	_____
T	_____	_____	_____	_____	_____
S	_____	_____	_____	_____	_____

A P P R O V A L S	_____ Date _____ <i>(original, signature of traveler)</i>
	_____ Date _____ <i>(supervisor/chair of originating dept./office) (not required for principal investigators)</i>
	_____ Date _____ <i>(dean, when applicable)</i>
	_____ Date _____ <i>(vice president, when applicable)</i>
	_____ Date _____ <i>(president, for vice president's travel)</i>

VOUCHER PREPARATION INSTRUCTIONS

General Navigation Information: You can “tab” from field to field. You can also use the mouse to jump to desired fields. The order listed below is the order that the cursor will follow when using the “tab” key. You may desire to use you mouse to enter the information in a different order than listed.

1. Check (one) **Vendor, Reimbursement, or Personal Service** box in upper left hand corner if applicable, by using the mouse. For Personal Services, make sure to enter payee’s SSN number. If SSN is included, be sure to send in a secure/confidential envelop or hand deliver.
2. Enter the **Payee** (who you want the check made out to), this must be exact.
3. **Voucher Number** is optional and only for your use.
4. Enter the **Payee Address**, this information is mandatory if you checked the Personal Service Box above. It is also mandatory if the check is mailed off campus.
5. Enter the **Voucher Date** (current date).
6. Enter the **Account Name** that the funds are being paid from.
7. Enter the **Account Number** that the funds are being paid from. You must use the mouse to click on the first box in this field. You must then tab to each of the next 10 boxes. After entering information into the last box, use the mouse to click on the next desired field.
8. Complete the **“Check one below”** section to determine if you want the check mailed or picked up. Be sure to complete the information to the right if applicable.
9. Enter a **Description** of what you are paying for. The more information given in this section, the less questions that will be asked during the approval process. The payment must be within the scope of the account purpose.
10. Enter the **amount** of the payment in the Detail column.
11. Repeat steps 9 & 10 for as many items as you need to list on this voucher.
12. Enter the **Invoice Number** for the bill you are paying, if applicable
13. The voucher will automatically **Total** itself.
14. Type the **Custodian’s or Authorized Signer’s Name**.
15. Check the voucher for accuracy.
16. Print the voucher.
17. Have the **Custodian or Authorized Signatory** sign the voucher.
18. If this is a reimbursement or personal Service payment, have the **Payee** sign at the lower left of the voucher.
19. If this is a reimbursement or personal service payment, have the **Payee’s Immediate Supervisor** sign at the lower left of the voucher below the Payee.
20. **Original documents** must be attached to support each expense (Please refer to the Policies and Procedures for more information).
21. Do not sign in the **Administrative** signature field on the right hand side. This area will be completed by the Foundation.

If you have any questions or problems with the form, please contact Theresa Molnar @ X74021 or tmolnar@binghamton.edu.

- For vendor payment (invoice required)
- 1** For reimbursement of expenses (receipts required and signatures of person and supervisor below*)
- For personal service performed:
SS# _____
(signature of person being paid below* or invoice required)

BINGHAMTON UNIVERSITY
FOUNDATION
www.binghamton.edu
VOUCHER

DO NOT WRITE IN THIS SPACE

Date entered _____

Check no. _____

PAYEE _____ **2**

PAYEE _____

ADDRESS _____ **4**

Voucher number _____ **3**

Voucher date _____ **5**

Account name _____ **6**

7

Account number

Check one below

- Mail check directly to payee (please enclose envelope for off-campus mailing)
- 8** Mail check back to: Name _____ Department _____
- Check will be picked up. Please call when ready: Name _____ Ext. _____

DESCRIPTION	DETAIL	TOTAL
9	10	
Invoice number (for vendor payments): _____ 12		\$ _____ 13

I hereby certify that the above expenses were incurred by me for the purposes stated; that the information given is correct; and that no part thereof has been paid except as stated.

Custodian/Authorized name _____ **14**

*Signature _____ **18** Custodian/Authorized signature _____ **17**

*Supervisor's signature _____ **19** (BUF) Administrative signature _____ **21**

For Restricted and Endowed Accounts (Accounts beginning with 10 or 20): ENTER AS LAST 4 DIGITS OF ACCOUNT #:	For Agency Accounts (Accounts beginning with 50) ENTER AS LAST 4 DIGITS OF ACCOUNT #:
2000 Student Aid-Scholarships-Need Based	3000 Hosting/Meals Expense
2100 Student Aid-Scholarships-Merit Based	4000 Employee Salaries
2200 Student Aid-Fellowships	4100 Employee Benefits
2300 Student Aid-Internships	4200 Employee Sal/Benefits Overhead Charges
2400 Student Aid-Awards	5000 Office Supplies
2500 Student Aid-Undergraduate Research	5100 Copying/Xerox
3000 Hosting/Meals Expense	5200 Equipment Maintenance Contracts
4000 Employee Salaries	5210 Equipment Lease Expense
4100 Employee Benefits	5220 Maintenance/Operations/Recharge
4200 Employee Sal/Benefits Overhead Charges	5230 Equipment Purchases
5000 Office Supplies	5400 Moving Expenses
5100 Copying/Xerox	5500 Travel Expense
5200 Equipment Maintenance Contracts	5550 Awards-Faculty/Staff
5210 Equipment Lease Expense	5560 Honorariums/Stipends
5220 Maintenance/Operations/Recharge	5570 Telephone Expense
5230 Equipment Purchases	5580 Postage
5400 Moving Expense	5600 Printing
5500 Travel Expense	5610 Dues/Subscriptions/Books/Publications
5550 Awards-Faculty/Staff	6200 Conference/Registration Fees/Staff Development
5560 Honorariums/Stipends	8810 Administrative Fees
5570 Telephone Expense	9800 Consulting Services
5580 Postage	9900 Department Expenditures-Other
5600 Printing	9910 Intrafund Transfers Expense
5610 Dues/Subscriptions/Books/Publications	
6200 Conference/Registration Fees/Staff Development	
8810 Administrative Fees	
9800 Consulting Services	
9900 Department Expenditures-Other	
9910 Intrafund Transfers Expense	