

BINGHAMTON UNIVERSITY

F O U N D A T I O N

Enclosed are the revised expense policies for *Binghamton University Foundation – Unrestricted 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 Services¹ 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 EXPENSE POLICIES

The Binghamton University Foundation is a not-for-profit corporation established to raise funds that further the purpose and mission of Binghamton University. The Foundation has a fiduciary responsibility to donors to utilize each gift as intended by the donor in a prudent and responsible manner. Each expense must be "ordinary, necessary and reasonable" in relation to the mission and programs of the Foundation. Under no circumstances may funds be utilized for personal benefit. In addition each expense must adhere to the policies, rules, and regulations imposed by the Foundation Board of Directors, the Internal Revenue Service and the New York State Department of Charities Bureau, as applicable.

Unrestricted Accounts

(This includes: All Foundation operating accounts with no donor restriction as to purpose, other than furthering the purpose and mission of the Foundation.)

The following policies apply to the unrestricted accounts of the Foundation:

A. General information

- a. A request for disbursement will be processed in one of three forms:
 - i. Voucher or
 - ii. Voucher with the Travel expense report (expenses not charged to corporate credit card) attached or
 - iii. 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.)
 - i. Example - events: attached items such as the "flier", email, pamphlet, list of attendees, etc.
 - ii. 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 budget.
- e. If the request appears vague, ambiguous or not clearly related to the purpose of the account charged or the overall purposes of the Foundation, 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
 - i. The person requesting reimbursement must sign the voucher
 - ii. Their supervisor must also sign the voucher.
 - iii. 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. 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 the Foundation. Submit copies of the receipts submitted to the State/RF and a copy of the State/RF travel reimbursement request form.

- D. Purchases made from Foundation 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 Foundation may reimburse the sales tax portion of the expense on a limited basis.

- E. Specific guidelines:
 - a. Flowers and gifts – generally flowers and gifts can not be purchased with Foundation funds for employees of the University or Research Foundation. Donors (current and prospective) and employees who are retiring are eligible recipients of these items at the discretion of the account custodian and associate/executive director of the Foundation.
 - b. Membership in external organizations and participation in community events: effective for senior level employees and key fundraising staff members. Memberships may include professional, social and /or fraternal organizations, but may not include organizations that support or endorse political activities, including religious or social action. Foundation funds may also be used for participation in community events, such as athletic tournaments and recognition programs. The Foundation has a set of procedures that are to be followed. Please request these from the Foundation office prior to incurring the expense.
 - c. Travel
 - i. Obtain appropriate departmental approval for the trip utilizing the Request and Authorization For Travel form. Attach approval to any expenses submitted.
 - 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.
- d. 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
- e. 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.

- f. Scholarships, fellowships and stipends
 - i. In general scholarships and fellowships are nontaxable. Awards and stipends are generally taxable income for the recipient and as such, any request for disbursement for an award or stipend must contain the recipient's name, social security number, and permanent address. For any subsequent submission for the same individual, only the last 4 digits of the social security number are necessary.
- g. Independent contractors/Honorariums
 - i. Independent contractor or honorarium payments can not be made to current University or Research Foundation employees. Such payments must be paid through their appropriate employer's payroll process.
 - ii. For non-University or non-Research Foundation employees, the Foundation follows the guidance per the IRS. A request for payment must include the recipient's name, social security number and permanent address. For subsequent submission for the same individual, only the last 4 digits of the social security number will be necessary.



SAMPLE
(Front page 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 _____ (original, signature of traveler)
	_____ Date _____ (supervisor/chair of originating dept./office) (not required for principal investigators)
	_____ Date _____ (dean, when applicable)
	_____ Date _____ (vice president, when applicable)
	_____ Date _____ (president, for vice president's travel)

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	