



ACCESSING AND USING YOUR FUNDING:

A Guide to Your SAFC Award

There are two methods of payment, Direct and Reimbursement

DIRECT PAYMENT

What is Direct Payment?

Direct Payment means that SAFC will pay the vendor directly for the authorized goods or services provided to your organization. A direct payment is usually done with a Purchase Order (PO).

What is a PO?

PO allows the University to place an order with a vendor. Please note the following before requesting a direct payment PO:

- Verify with the vendor that POs from the University of Hawaii will be accepted. If they do not accept POs, you must go through another vendor or select reimbursement if possible.
- UH will place the order with the vendor by sending or faxing the PO to them.
- If purchases from one vendor exceed \$2500, SuperQuotes (an online ordering system) must be used. Please contact SAFC Treasurer or Advisor in this case.

What goods/services can be paid with a PO?

Goods paid with a PO include office supplies, photocopying, advertising, postage, food, guest speaker fees, security guards, performers, musicians, etc.

What must be submitted to initiate a direct payment PO?

The standard requirements for paperwork must be completed and submitted **at least 4-6 weeks prior to the event as follows:

1) VENDOR INFORMATION FORM

- Name, Address, Phone, Fax and Email
- Date that items must be received
- Itemized expenses
- Delivery charges and taxes (if applicable)

2) TAX FORM: WH-1 (for individuals) or W-9 (for organization or company)

3) FLYER, PROGRAM, BROCHURE, OR ELECTRONIC FLYER/EMAIL FOR EVENT

Direct payment POs for Non-Personal Services

Non-personal services such as performer fees or honoraria for guest speakers, security guards, performers, musicians must be paid with a PO. They are NOT reimbursable.

In addition to the standard requirements, the following are additional requirements for direct payment for these types of performance fees:

1) Speaker fees and other non-personal services:

- Non-Personal Services Contract (obtain from SAFC Treasurer or Advisor)

2) Honoraria (Maximum Honoraria is \$500):

- Letter of Invitation
- Letter of Acceptance

After paperwork is received

Generation of a PO for direct payment requires a minimum of 1 week from the time completed paperwork is submitted to the SAFC Advisor in Campus Center 208. The PO will then be mailed/faxed to the vendor so the order can be officially placed. Do not place an order on your own. Please inform the SAFC Advisor if you wish to hand deliver the PO.

After the Event or Goods/Services are Received

The following items must be submitted after the goods or services are delivered:

1) BILLING STATEMENT, PACKING SLIP, AND/OR INVOICE FROM VENDOR

2) SAFC POST ACTIVITY REPORT

- Post Activity Reports must be submitted in order to receive reimbursement.
- Those attending conferences will complete the Conference/Competition form.

SAFC Direct Payment Checklist

Organization: _____

To be submitted at least **4-6 weeks prior*** to event/services:

- **Vendor Information Form**
- **Price quote from vendor**
- **Tax Forms**
 - **WH-1** (payment to individual)
 - **W-9** (payment to organization or company)
- **Flyer, program, brochure for event** (may be electronic)
- **Non-personal Services Contract** (if hosting a speaker/performer)
- **Letter of Invitation/Letter of Acceptance** (if hosting a speaker/performer)

To be **submitted after** event/services are completed:

- **Billing statement, packing slip and/or invoice from vendor**
- **SAFC Post Activity Report**

****Failure to submit forms in time prior to event may result in disapproval of request for a Direct Payment.***

REIMBURSEMENT

What is a Reimbursement?

Reimbursement means that SAFC will reimburse your organization or a representative of the organization, for authorized expenses incurred by the organization.

Who is eligible to be reimbursed by SAFC?

- 1) **Organization** to which the funds were granted.
- 2) **Representative(s) of organization** who purchased authorized items for the event.

What expenditures will SAFC reimburse?

SAFC will reimburse an organization or an individual for the specific line items stated in the organization's application for funding that were approved by the SAFC.

The following items **CANNOT** be reimbursed:

- 1) SAFC will **NOT** reimburse for non-personal services (these must be paid via Direct Payment)
- 2) Unauthorized line items, not awarded by SAFC
- 3) Unauthorized items listed in the University's APM Limitations in Purchasing and APM Specialized Purchasing.

What Documents must be submitted for reimbursement?

1) VENDOR INFORMATION FORM

- Name, Address, Phone, Fax and Email
- Date that items must be received
- Itemized expenses
- Delivery charges and taxes (if applicable)

2) SAFC REIMBURSEMENT REQUEST FORM/INVOICE

- Authorization signature by member NOT being reimbursed

3) SAFC RECEIPT LOG FOR REIMBURSEMENT OF EXPENDITURES

- All receipts must be neatly taped to a sheet of paper (white, unlined, 8" x 11")
- Receipts should be numbered and numbers should correspond to those listed on the SAFC Receipt Log for Reimbursement of Expenditures to expedite processing.

4) ALL ORIGINAL RECEIPTS

- All receipts must be the itemized originals. Photocopied receipts are not acceptable.
- All receipts must have the vendor's name, date, itemized purchases and indication of payment. If the vendor usually gives un-itemized receipts (i.e. Fisher Hawaii, Farmer's Market, Marukai), please request at the time of purchase to have the receipts itemized.
- Any additional supporting documents for purchases may be requested under special circumstances.

5) TAX FORMS

- **WH-1:** Individuals affiliated with organizations, who have incurred expenses on behalf of the organization for approved line items.
- **W-9:** Organizations wishing to be reimbursed. Note that organizations must also provide Federal Taxpayer I.D. #.

*Please note that the name of the organization must correspond with the LEGAL NAME under which the Federal Taxpayer ID# is registered.

6) FLYER, PROGRAM, BROCHURE, OR ELECTRONIC FLYER/EMAIL FOR EVENT

7) SAFC POST ACTIVITY REPORT

- SAFC Post Activity Reports must be submitted in order to receive reimbursement.
- Those attending conferences will complete the Conference/Competition Attendance.

8) ADDITIONAL SUPPORTING DOCUMENTS

- **CASH PAYMENTS** Those who paid in cash **must** submit the following:
 - Receipts must state that payment was made in cash.
 - Receipts must be official receipts from the vendor containing the name, phone number and address of the vendor.
 - SAFC may need to contact the vendor to confirm that cash payment was made.
 - Cash payments that cannot be confirmed through the vendor will not be reimbursed.
- **CHECK PAYMENTS** Those who paid with check **must** submit the following:
 - Copy of cancelled check (front and back)
 - Copy of the bank statement showing check deduction

You may blackout any other credit and deposits, the balance, address and bank number.

- **CREDIT/DEBIT CARD PAYMENTS** Those who paid with a credit or debit card **must** submit the following:
 - Copy of the front of the credit/debit card (black out all digits except the last 4; name must be visible)
 - Copy of statement showing charge (online statements ok; must show name and last 4 digits of account number; ok to black out other purchases and balances etc.)

Payment for Groups that Reimbursed their Members

Occasionally, groups may find the need to re-pay their members for expenses covered by those members and then request for reimbursement subsequently from SAFC. In addition to the standard paperwork required for reimbursement, groups must also provide:

- Signed letter by individual and organization representative stating that the individual was reimbursed by the organization
- Copy of the cancelled check and bank statement showing deduction.
- Copy of receipts from original purchase

SAFC Reimbursement Checklist

Organization: _____

- **Vendor Information Form**
- **SAFC Reimbursement Request Form/INVOICE**
(authorization signature by member NOT being reimbursed)
- **SAFC Receipt Log for Reimbursement of Expenditures**
- *All* Original Receipts
- **Tax Forms**
 - **WH-1** (reimbursement to individual)
 - **W-9** (reimbursement to organization or company)
- **Flyer, program, brochure for event** (may be electronic)
- **SAFC Post Activity Report**
- **Copy of credit card** (if applicable)
- **Copy of credit card statement** (if applicable)
- **Copy of cancelled check** (if applicable)
- **Proof of member reimbursement** (if applicable)

SAFC Reimbursement Request Form / INVOICE

PLEASE PRINT LEGIBLY OR TYPE ALL INFORMATION

FROM:

_____ Name of Organization	_____ Name of Organization's Representative
_____ Federal Tax ID (EIN)	_____ Mailing Address (# and street)
_____ Mailing Address (# and street)	_____ City State Zip
_____ City State Zip	_____ Phone Number / Email

TO: Student Athletic Fee Committee in care of Office of Student Life & Development

Please make check payable to (check **one** only):

- Organization Organization's Representative Other Organization Member

Name: _____ Social Security Number: _____

Mailing Address (# and street): _____

City, State, Zip: _____

Is the payee employed by the University? YES NO

Employee: faculty or staff who work at UH or student employees who work at UH.

Non-employee: students who do not work as student employees, but receive other awards such as stipends, financial aid, etc.

I certify that the payee has incurred these expenses on behalf of the organization for the purposes described in the application for funding as awarded by SAFC.

Signature: Organization's Representative/ Title **Date**

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(OFFICE USE ONLY) Certification of Organization Representative

I certify that the signature above is a true representative of Organization named above and who is authorized to act on the organization's behalf.

SLD Staff Representative Signature Date

SAFC Post Activity Report

PLEASE COMPLETE THIS FORM AND RETURN TO THE SAFC ADVISOR
IN CAMPUS CENTER 208 **ONE WEEK** AFTER PROGRAM ACTIVITY.

NAME OF ORGANIZATION: _____

EVENT: _____

DATE(S) AND TIME(S): _____

PLACE: _____

1. EVALUATION Please evaluate your program's success at fulfilling its stated purpose and objectives. Explain how your program enhanced students' experience at athletic events, health or wellness events, at recreational leisure events, their athletic experience, or campus life overall.

2. PARTICIPATION

a. What was the expected attendance / participation for the activity?

b. What was the actual attendance / participation for the activity?

c. How would you account for the difference?

3. PERFORMANCE

a. Describe how the activity / program was implemented by the group.

b. Indicate the timeline process for the activity / program.

c. What form of publicity was used? Do you think it was effective? Why or why not?

d. Describe what type of support you received from other organizations in the implementation of the activity / program. Was this support adequate & why?

4. What were the main reasons for the success for the activity / program?

5. What were some aspects of the activity / program that were not as successful?

6. What improvements or recommendations for change should be considered to address items in #5 above?

7. SAFC Amount Awarded to your Organization: _____

Actual Expenditures by your Organization: _____

8. Would you recommend that this activity / program be funded in the future? Why or why not?

SAFC Post Activity Report for Conference/Competition Attendance

PLEASE COMPLETE THIS FORM AND RETURN TO THE SAFC ADVISOR
IN CAMPUS CENTER 208 **ONE WEEK** AFTER THE CONFERENCE OR COMPETITION

NAME OF ORGANIZATION: _____

EVENT: _____

DATE(S) AND TIME(S): _____

PLACE: _____

1. Participation

a. How many of your Organization's members attended the event?

b. How many of these Organization's members were supported by SAFC?

c. How did you select your members who attended the event?

2. By your organization's participation in this conference or competition, explain how the students' experience at athletic events, health or wellness events, at recreational leisure events, their athletic experience, or campus life overall were enhanced. Attach additional sheets if necessary.

3. By your organization's participation in this conference or competition, explain how the larger student population at UH Manoa benefited. Attach additional sheets if necessary.

STUDENT ATHLETIC FEE COMMITTEE (SAFC) ACKNOWLEDGEMENT OF RECIPIENT RESPONSIBILITIES

Email: safc@hawaii.edu

I, (print name) _____,

am the (check one): President or Chief Officer of the Organization or
 Person in charge of Program/Event funded,

understand that SAFC funds are subject to all University of Hawaii fiscal policies and procedures. I also understand that these funds may only be used for the purposes, stipulations, or special conditions approved by SAFC as described in the award letter and / or additional communication.

I further understand that as a recipient of SAFC funding, we must publicly credit the "Student Athletic Fee Committee" in any publicity related to the program funded. Credit line shall read "Funded (in part) by the Student Athletic Fee Committee." The credit line shall be printed in a font no smaller than 12 points. Failure to publicly credit SAFC may affect any future SAFC funding.

All recipients **ARE REQUIRED TO SUBMIT (1) POST ACTIVITY REPORTS** and **(2) FISCAL FORMS WITH ORIGINAL RECEIPTS OR SUPPORT DOCUMENTS** in order to receive reimbursement or payment.

DEADLINE: These materials must be received by SAFC no later than six (6) weeks after the event date by 4:30 pm in Campus Center 208. Failure to submit all proper funding documents will result in the cancellation of the award. All unclaimed, unused, unencumbered funds will automatically revert to the SAFC upon completion of the project.

I have read and acknowledge our responsibilities of this funding award from SAFC and will to the best of my ability abide by all funding requirements.

Name of Organization's Representative

Signature of Organization's Representative

Mailing Address (# and street)

City State Zip

Phone Number

UH Email Address

Name of Organization Funded

Name & Date of Program / Event Funded