

Philanthropic Foundation Banking

Philanthropic Foundation



Foundation

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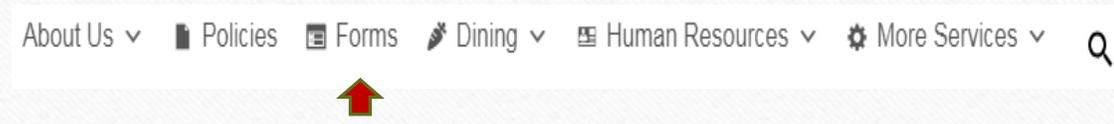
1. Understanding Your Account And The Relationship Between Philanthropic Foundation and Foundation

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.



You will then be brought here:



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 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 number will remain blank until assigned

ACCOUNT APPLICATION TYPE

Establish New Account. Account Name: _____

What do you want your account to be called?

SOURCES OF FUND

Contributions (Gifts) Other: _____

PURPOSE OF ACCOUNT

Campus Program Endowments
 Scholarships Grants

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

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

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

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)

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

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.

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

List the purpose of this account and any specific donor restrictions

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

Check/Circle all allowable expenditures

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:

The Account Director is usually the Chair of the Department

_____	_____	_____
<i>* Name Account Director (Primary, responsible for account)</i>	<i>Title</i>	<i>Signature</i>
_____	_____	_____
<i>Campus Address (Office Location)</i>	<i>Department</i>	<i>Campus Telephone</i>

Signer 2:

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

_____	_____	_____
<i>* ARM/Fiscal Officer</i>	<i>Title</i>	<i>Signature</i>

Signer 3:

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

_____	_____	_____
<i>* Dean/Division Head (Must Sign To Approve Account)</i>	<i>Title</i>	<i>Signature</i>

Signer 4: (not required)

_____	_____	_____
<i>* Additional Signer</i>	<i>Title</i>	<i>Signature</i>

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 (Scholarship) | <input type="checkbox"/> CP – Property Building |
| <input type="checkbox"/> CO – Operation & Maintenance of Plant | <input type="checkbox"/> CO – Unrestricted | |

Financial Designation:

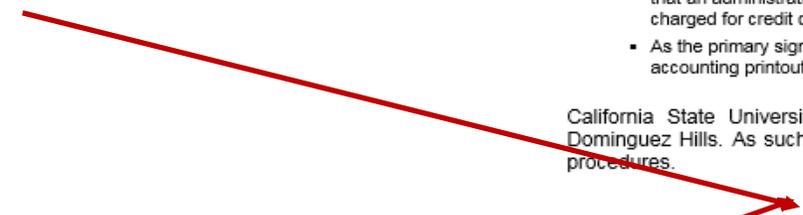
- | | |
|---|--|
| <input type="checkbox"/> Institutional/Compensation | <input type="checkbox"/> Institution Support |
| <input type="checkbox"/> Research | <input type="checkbox"/> State Grants/Scholarships |
| <input type="checkbox"/> Academic Support | <input type="checkbox"/> Auxiliary |
| <input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

Foundation Use Only:

Dept. #: _____ Officer: _____

Fund: _____ Entity: _____

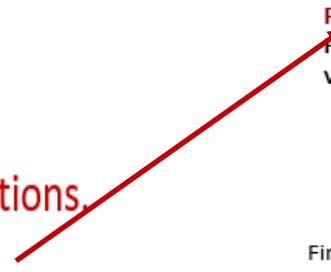
The Account Director is the primary signatory on this account and understands that they are responsible for the items listed here



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"/>

Print Title:
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



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

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.

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)

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

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

ACCOUNT INFORMATION

Account Number Object Code Amount Charged

City State

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				
Lunch				
Dinner				
Lodging:				
Transportation:				
Conference Registration:				
Other (Specify): <input type="text"/>				
Totals:				
Only 80% Advance provided to Traveler:				

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

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

DOMESTIC TRAVEL REIMBURSEMENT/TRAVEL RECONCILIATION

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

WHAT YOU NEED:

1. Traveler information needed

2. Destination Needed. Use "Add" button to input multiple Destinations.

3. Your account number

4. Backup Documentation Needed.

ATTACH ALL RECEIPTS



TRAVEL EXPENSE REIMBURSEMENT/TRAVEL ADVANCE RECONCILIATION

This form must be completed after travel for all travelers.

TRAVELER INFORMATION

Name Phone Departure Date Return Date
 Student (requires waiver) Volunteer
 University/Foundation Employee

Has there been a Travel Request form filled out for this trip? Yes No

DESTINATION

Use the "Add" button to add an additional location.

City State

ACCOUNT INFORMATION

Use the "Add" button to add an additional account.

Account Number Object Code Amount Charged

ITEMIZE TRAVEL EXPENSE CLAIM

Itemize **actual** expenses for **each** day of travel (use additional forms if necessary). Attach **original** receipts for all items. Refer to Foundation Travel Policy available on www.csudhfoundation.org for current travel allowances.

Date:								Totals
Breakfast:								
Lunch:								
Dinner:								
Incidentals:								
Lodging:								
Conference Registration:								
Transportation - Airfare:								
Transportation-Other Specify:								

Mileage Attach Google Maps or Mapquest driving directors with addresses.

From:								
To:								
Miles:								Totals
Amount (rate x miles):								
Other:								

Total:

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 INDIVIDUAL CORPORATION/INCORPORATION

ADDRESS

STREET CITY STATE ZIP

PAYMENT INFORMATION

IS THIS PAYMENT (CHECK) REQUEST FOR SERVICE? IS THIS PAYMENT FOR COMMUNITY RELATIONS?

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

MAIL CHECK TO ADDRESS ABOVE N/A (DIRECTPAY) CALL

NAME EXTENSION

FOR QUESTIONS REGARDING THIS CHECK REQUEST, FOUNDATION SHOULD CONTACT:

NAME EMAIL EXTENSION DEPARTMENT

SIGNATURES *(For Philanthropic accounts, amounts over \$750.00 must receive Dean or VP approval)*

AUTHORIZED ACCOUNT SIGNER DATE PAYEE'S SUPERVISOR DATE

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

Address

City State Zip

Phone Number Email

Total Cost Quoted Name of Contact

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"/>

Small Bus. Minority-owned Small Bus. 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:	(Estimate if Necessary)
Address:	
Phone Number:	
License Number:	

POTLUCK

- or -

BAKE SALE / FOOD SALE (FUNDRAISING)

ITEMS ARE CONSIDERED HOME PREPARED & MEET ALL SERVING GUIDELINES

ITEMS MUST BE PROPERLY SERVED IN WRAPPED OR COVERED CONTAINERS - SEALED

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