

## Expenditure Request Guidelines for Form SS03

### Purpose of Form

Request and report expenses that are to be paid on behalf of your organization, club and/or department.

### When to Complete

Forms and supporting documentation must be completed and delivered on Monday by 1 pm on the week that you would like payment to be made. Checks are processed on Thursdays each week, with the exception of holidays.

### Where to Deliver

Forms must be delivered to SUSSI Fiscal Office, CUB 204. Business hours are Monday – Friday, 8 am to 4 pm.

### Information Requirements:

#### Date

Date the form was completed.

#### Organization Name

Who the payment is being made on behalf of.

#### Organization Number

Number associated with your Organization Name/Budget. Questions about your organization number can be directed to the Fiscal Office.

#### Make Check Payable To

Who is the payment being made to. Must include mailing address of recipient regardless of delivery method.

#### Check(s) Shall Be

Identify how you would like the payment to get to payee:

**Mailed** - Please identify mailing address on form.

**Pick Up** - Check may be picked up at the SUSSI Fiscal Office. The email address provided will be notified when the check is ready. With the exception of holidays, checks will be ready for pick up no later than 9 am on Fridays. Please be prepared to provide identification at pick up.

**ACH** - If this is SUSSI's first time paying this payee through ACH you must have the payee complete a Direct Deposit Authorization Agreement and return to the SUSSI Fiscal Office (CUB 204). If you do not know if we have paid this vendor through ACH before please check with the SUSSI Fiscal Office. The email address provided will be notified of the transfer of funds.

**Transfer** - If you are making payment to another SUSSI organization identify the name and number of the organization to whom you are paying.

#### Account Description

Name of the account you are charging the expense to (i.e.. Contracted Labor, Programming Supplies & Equipment, Wearing Apparel). Refer to Appendix 01 for the complete list.

#### Account Number

Number of the account you are charging the expense to (i.e. 1-5125, 1-63002, 1-6099). Refer to Appendix 01 for the complete list.

#### Invoice Date or #

If applicable, provide the date and number listed on the invoice.

#### Description of Expense

Provide as much detail as possible about the payment you are requesting. For all programming/event expenses, provide the name and date of the event as well as proof of marketing/advertisements.

**Total**

Identify amount to be paid for each invoice, if multiple, and total amount to be paid.

**Date Check Required/Due Date**

Due date of payment.

**Supporting Documents**

All appropriate documentation **MUST** be attached (invoices, contracts, receipts, etc.). If the payment is for a service, a W-9 form must be attached. Please contact SUSSI Fiscal Office if you need a W-9 form to provide to the payee or if you have questions regarding the need for a W-9.

**Signatures**

Two signatures are required from Authorized Department Representatives (i.e. Administrative Assistants, Managers, Coaches, Directors, etc.). If the expenditure is for a club sport, a signature is required from the Director of Recreation. All signatures are required. Signatures may not be typed. Electronic signatures must be digitally certified via Adobe.

**\*\*IMPORTANT\*\***

All information on the expenditure form and supporting documentation must be complete at the time of delivery. Incomplete information may cause delay in the payment process at the expense of the organization to whom payment is being made on behalf of. Also, please keep in mind that SUSSI is exempt from sales tax. Pennsylvania exemption certificates are available at the SUSSI Fiscal Office upon request.



## Shippensburg University Student Services, Inc.

Fiscal Office | CUB 204  
1871 Old Main Drive  
Shippensburg, PA 17257-2299  
Telephone: (717) 477-1730 Fax: (717) 477-1636 Email: [ssinc@ship.edu](mailto:ssinc@ship.edu)  
Business Hours: Monday – Friday, 8 am – 4 pm

### Expenditure Request Form

Organization Name: \_\_\_\_\_ Organization Number: \_\_\_\_\_ Date: \_\_\_\_\_

Is this expense for a specific event? **YES** or **NO** If **YES**, is the event published on Campus Groups? **YES** or **NO**

**Make Check Payable To:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Check(s) Shall Be: (Please select one)**

<input type="checkbox"/> <b>Mailed</b>	<input type="checkbox"/> <b>Picked Up</b> Email Address: _____	<input type="checkbox"/> <b>ACH</b> Email Address: _____	<input type="checkbox"/> <b>Transfer</b> Organization Name: _____ Organization Number: _____
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Account Description	Account Number	Invoice Date or #	Description of Expense	Total
<b>Check Requirement Date/Due Date:</b>				<b>Combined Total: \$</b>

**Please attach appropriate documentation (i.e. Invoice, Contract, Receipt, W-9, etc.)**

\_\_\_\_\_  
Authorized Representative #1 Name & Email Address

\_\_\_\_\_  
\*Authorized Representative #1 Signature      Date

\_\_\_\_\_  
Authorized Representative #2 Name & Email Address

\_\_\_\_\_  
\*Authorized Representative #2 Signature      Date

\_\_\_\_\_  
Fiscal Office Signature      Date

\_\_\_\_\_  
Dept. of Recreation (Club Sports Only)      Date

**\*\*All signatures are required. Signatures may not be typed. Electronic signatures must be digitally certified via Adobe.\*\***