

ACCOUNTS PAYABLE DIRECT PAY FORM

DATE: 6/13/2019

NOTE: This form is to be used for

- employee reimbursements other than employee travel
- purchases not requiring a purchase order, service agreement, or contract
- transactions not eligible for ProCard

This form may not be needed if all information is contained on an invoice. (See Guidelines on Page 1 for details.)

- Please see Page 1 for Direct Pay Guidelines prior to completing this form.
- Please use ProCard for appropriate items.
- Attach original receipts /documentation. (Please include additional copy of back-up to be sent with the check to vendor if appropriate)
- Unapproved, non-qualifying, or incomplete requests will be returned unprocessed to the originating requestor.
- Submit Direct Pay Form to Accounts Payable in Craven 4600. For projects that begin with 85xxx, please submit to Sponsored Projects UARSC. Please allow 10 working days to receive payment from the date Accounts Payable receives the direct pay form/invoice.

PAYEE:	Mike Schroder
Remittance Address: (Required) Not our Organization address	[REDACTED]

PAYMENT : Please enter letter of Qualifying Item (QI) from Direct Pay Guidelines in box below

QI Letter: E	Description and purpose/how it benefits the mission of the Organization: 5/28/2019 Dinner mtg with Mike Schroder, Nico Jooste, Nicolas Jooste, Tim Angle, Ken Jones, Luca Simns, Claire Dullisear, Jochini Mayer, Susanna Ripp, Prof. Kehr, Shazad Ahmad, Paula Piazza, and Noreen Lucy to discuss international mobility and program planning for multi partnership for student & faculty mobility.
	If purchase is a commodity, the employee receiving the commodity must acknowledge that it is the Organization property and it will not leave the campus at any time without the prior approval of the appropriate person. Please have the employee sign below. Signature

If QI Letter "H", AP will review for appropriateness:

AUTHORIZATION

	Account	Fund	Dept ID	Class	Program	Project	Amount
Funding Source:	660928	44101	1039				\$948.05
							\$
							\$

Requested By Printed Name:	Margarita Robles	Ext.:	8727
Approving Authority Printed Name:	Graham Oberem	Ext.:	
Approving Authority Signature:		Date:	6/17/2019
Project Approving Authority Printed Name:	Tricia Henlon	Ext.:	4018
Project Approving Authority Signature:		Date:	6/13/19

Please use blue ink for signature (signature stamps not accepted)

UARSC/Foundation ONLY ADVANCE PAYMENT ACKNOWLEDGEMENT (to be signed by Payee if requesting an advance)

Upon receipt of advance payment in the above mentioned amount, I agree to clear/repay the advance payment within 30 days. I will be held personally liable for any non-payment of the above amount. If I am a UARSC employee, I hereby authorize UARSC to deduct, from my final pay check, any balance owed and not paid back upon the termination of my employment.

Payee Signature _____

Date _____



5/28/19

\$948.05

Dinner meeting to review international mobility and program planning for multi partnership for student mobility + faculty mobility, including planning for April 2020 Symposium.

- Mike Schroder (USMA)
- Nico Jooste (Africa)
- Nicolas Jooste (Mapama Muel + Old Mass U.S.)
- Tim Angle (Massimo Muel)
- Ker Jones (Massimo Muel)
- Luca Simon (Massimo Muel)
- Clare Dillieat (Nelson Mandela Univ.)
- Jochem Mayer (Worms Germany)
- Suzanne Rupp (Worms Germany)
- Prof. Kehr (Worms Germany)
- Suzana Ahmad (St. Cloud)
- Paula Piazza (Massimo Muel)
- Noreen Lucy (Huddington)

Mastro's Steakhouse
Washington, DC
600 13th Street NW

Server: Tee
Table 243/1
Guests: 5
Area: Restaurant

05/28/2019
9:02 PM
50008

Lobster Mashed Potatoes (2 @38.00)	76.00
Sauteed Asparagus	14.00
Creamed Spinach	14.00
Creamed Corn	14.00
Gnocchi	34.00
Sweet Pot Fries	14.00
Large San Pellegrino (3 @9.00)	27.00
Sauteed Sea Scallops	28.00
Caesar Salad	14.00
Espresso (2 @6.00)	12.00
Shrimp Cocktail	26.00
Filet 12oz (3 @59.00)	177.00
Chocolate Sin Cake	11.00
Crab Stuffed Mushrooms	22.00
Filet 6oz	49.00
Creme Brulee	11.00
Oysters on Half Shell	0.00
Bluepoint Oysters 1/2 dz	23.00
Bone In Filet 18oz	82.00
\$Bruno Style	18.00
\$Add Scallop	9.50
Heirloom Tomato	19.00
Key Lime Pie	11.00
Crab Cake (EA)	20.00

Subtotal	725.50
Tax	72.55
Total	798.05
Balance Due	\$798.05

For banquet events, balance due includes suggested gratuity if accepted.
www.mastrosrestaurants.com
Facebook - Mastro's Restaurants
Twitter - @MastrosOfficial

\$948.05 / 13
= \$72.92 per person

Pg - 1

5/28/19

Mastro's Steakhouse
Washington, DC
600 13th Street NW

Server: Tee DOB: 05/28/2019
09:04 PM 05/28/2019
Table 243/1 5/50008

SALE

M/C 5242896

Card #XXXXXXXXXX [REDACTED]

Magnetic card present:

Card Entry Method: S

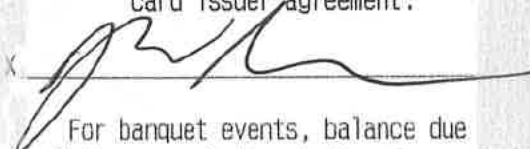
Approval: 03786P

Amount: \$798.05

+ Tip: 150.00

= Balance Due: 948.05

I agree to pay the above
total amount according to the
card issuer agreement.



For banquet events, balance due
includes suggested gratuity **if** accepted.

www.mastrosrestaurants.com

Facebook - Mastro's Restaurants

Twitter - @MastrosOfficial

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Hospitality Authorization Form

One form is required per event; an event, which takes place over multiple consecutive days, is considered one event. One form may be submitted for multiple dates of the same event type.

REQUESTER

Name: Margarita Robles

Department: Extended Learning

E-mail: mrobles@csusm.edu

Extension: 8727

HOSPITALITY/EVENT DESCRIPTION

Title of Event or Program: NAFSA Conference

Description of Event/Program/Item: Dinner meetings with current and potential International partners

Event Start Date: 05/26/2019

End Date: 05/31/2019

Location/Venue of Event: Washington DC

Event Attendees: Official Guests and CSUSM Representatives CSUSM Representatives only

Please attach an agenda, flier, invitation, or event announcement and for smaller events, a list of attendees and their affiliation to the University.

If this is a catering event, please attach the catering estimates/quotes for all expenditures and cost per person.

FUNDING INFORMATION

Number of Chartfields: One

Caterers must be selected from the CSUSM Corporation Approved Caterers List.

1. Type of Purchase: Food Non-Catering

Payment Method: Direct Pay

<https://goo.gl/blc4ls>

Account	Fund	Dept	Program	Class	Project	Amount
660928	44101	1039				\$ 3075

Vendor(s): Various restaurants in the Washington DC area - will not exceed total of \$25 Breakfast \$50 Lunch \$75 Dinner per person

2. Type of Purchase:

Payment Method:

Account	Fund	Dept	Program	Class	Project	Amount
						\$

Vendor(s):

3. Type of Purchase:

Payment Method:

Account	Fund	Dept	Program	Class	Project	Amount
						\$

Vendor(s):

Hospitality Expenses Estimate: \$ 3,075

Required:

Direct Pay – A completed copy of this form is to be attached to the Direct pay form <https://goo.gl/OCPdXI>Petty Cash – A completed copy of this form is to be attached to the Petty Cash Disbursement Voucher <https://goo.gl/q6hKVI>

PO – A completed copy of this form is to be attached to the requisition.

ProCard – A completed copy of this form and the receipt for purchases is to be attached to monthly reconciliation statements.

I have read the information above and acknowledge that I have the responsibility to complete future actions.

Hospitality expenses that may be paid from all funding sources unless otherwise prohibited by funding source agreements. **ALL EXPENSES MUST SERVE A BONA FIDE BUSINESS PURPOSE.**

Please select all appropriate categories:

- | | |
|--|---------------------------------------|
| * <input checked="" type="checkbox"/> Business Meetings with Official Guests | Professional Conference |
| * Employee Awards and Service Recognition | Professional Meeting |
| Employee Morale | Promotional Items for Non-Employees |
| Fundraising Event | Retirement/Farewell Gatherings |
| Host University Guest | Student Event/Recognition/Recruitment |
| Outreach Event Community Relations | Student Commencement |

* Limited to no more than twelve times per year, per group.

Hospitality expenses that may not be paid from CSU Operating Funds (485xx) but may be paid from allowable miscellaneous trust funds, university campus programs funds and CSUSM Corporation funding sources. **ALL EXPENSES MUST SERVE A BONA FIDE BUSINESS PURPOSE.**

Please select all appropriate categories:

- | | |
|--|--|
| * Business meetings attended ONLY by employees of the same work location (campus) | Spouse or Domestic Partner when it serves a bona fide business purpose |
| Gifts provided with the expectation of benefit accruing to the university or that serve a bona fide business purpose | Entertainment expenses |
| Promotional Items for employees | Alcohol will be served |

* Limited to no more than twelve times per year, per group.

DEPARTMENT/UNIT HEAD

Name: Margarita Robles

Title: Assistant to the Dean

Signature:  A59D54D77E0E4B9

Date: 5/23/2019

1. AUTHORIZED REVIEWER PRIOR TO LEVEL I (Optional)

Name:

Title:

Signature:

Date:

2. AUTHORIZED REVIEWER PRIOR TO LEVEL I (Optional)

Name:

Title:

Signature:

Date:

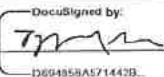
LEVEL I APPROVING AUTHORITY – ALL TRANSACTIONS

All transactions shall be approved by the Level I Approving Authority. Level I must have fiscal authority and a minimum classification of Dean, Vice Provost, or Associate Vice President or their designee (an employee with a minimum classification of Dean, Vice Provost, or Associate Vice President). Designee's must have the written delegation of authority attached to the hospitality approval form. If transaction is over \$500, it must also be approved by the Level II Approving Authority.

- X I certify that the above meets the criteria set by California Education Code Sections 66600, 89030, 89035 and CSU Policy 1301.00 - <https://goo.gl/S9wWmJ> - and the California State University San Marcos policy and procedure "Alcoholic Use on Campus" - <https://goo.gl/hK48fI> - I also certify that this request complies with the referenced Education Codes and CSU Policy.

Name: Mike Schroder

Title: Dean EL

Signature:  D294858A571442B

Date: 5/23/2019

1. AUTHORIZED REVIEWER PRIOR TO LEVEL II (Optional)	
Name: Maria Rasimas	Title: Resource & Operations Analyst
Signature: <small>DocuSigned by:</small> <i>Maria Rasimas</i>	Date: 5/23/2019
2. AUTHORIZED REVIEWER PRIOR TO LEVEL II (Optional)	
Name:	Title:
Signature:	Date:
LEVEL II APPROVING AUTHORITY – TRANSACTIONS GREATER THAN \$500	
Authorization of Level II Approving Authority is also required for payment or reimbursement of the following hospitality expenditures for:	
<ul style="list-style-type: none"> • events that include serving alcohol, regardless of the total expense (cannot use 485xx) • gift card/cash equivalent • a spouse or domestic partner of an employee • expenses above set per person maximum rates 	
Must be signed by an employee with fiscal authority and a minimum classification of Vice President or their designee (an employee with a minimum classification of Dean, Vice Provost, or Associate Vice President). Designee's must have the written delegation of authority attached to the hospitality approval form.	
<input checked="" type="checkbox"/> I certify that the above meets the criteria set by California Education Code Sections 66600, 89030, 89035 and CSU Policy 1301.00 - https://goo.gl/S9wWmJ - and the California State University San Marcos policy and procedure "Alcoholic Use on Campus" - https://goo.gl/hK48fl - I also certify that this request complies with the referenced Education Codes and CSU Policy.	
Name: Graham Oberem	Title: vpaa
Signature: <small>DocuSigned by:</small> <i>Graham Oberem</i>	Date: 5/29/2019

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