

# RESEARCH FINANCIAL SERVICES

&

# COMPLIANCE SERVICES



## REFERENCE GUIDE FOR NEW GRANTEES



TEXAS SOUTHERN UNIVERSITY  
3100 CLEBURNE AVENUE  
RESEARCH FINANCIAL SERVICES  
HANNAH HALL 315  
HOUSTON, TEXAS 77004

# RESEARCH FINANCIAL SERVICES REFERENCE GUIDE FOR NEW GRANTEES

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# **Sample of Grant Award Acknowledgement Letter from Provost**

# Sample of Grant Award Acknowledgement Letter from Provost



Texas Southern University  
3100 Cleburne Avenue  
Research Financial Services  
Hannah Hall 315  
Houston, Texas 77004

## PROVOST'S LETTERHEAD

**Date**

Dear **Grantee,**

Congratulations! I am pleased to inform you that your research award for the project "**Name here**" has been approved for continued funding in the amount of \$\_\_\_\_\_ by the \_\_\_\_\_ at Austin for the period of **Grant Date here**. In this regard, a copy of the grant letter and guidelines applicable to the grant are enclosed.

**Please be advised that before a fund number can be assigned to your new award, it will be necessary that you submit a copy of your awarded budget and also complete a new Grant Fund Request Form (GFRF) needed to create your fund number in Banner Financial System. Both your budget and GFRF should be forwarded to Research Financial Services, Hannah Hall, and Room 315. The GFRF is available on the Office of Research website under Research financial Services Forms or at the link below:**

**Also, be reminded that a Subcontract or Independent Consultant agreement must be in place if your project requires subcontracting to third party entities. Please contact the Office of Research, Department of Research Funding and Pre-award Services to discuss payments and agreement needed to establish legal entity between Texas Southern University and a Subcontractor/Independent Consultant.**

Please be reminded also that expenditures under the grant should be made during the performance period of the award and should conform to the approved budget. Technical reports are required by the government and should be prepared in accordance to the format prescribed and should be submitted within the indicated deadlines. A copy of your technical reports should be sent to the Office of Research, Hannah Hall 230.

Again, congratulations and best wishes for a successful program. If additional information or assistance is needed please let me know.

***Provost Information Here***

**Ms. Diane Lewis -Research Financial Services**  
**Ms. Cecilia Bruce -Research Compliance Officer**



**Grant Fund Request Form**

# Next Steps

## Grant Fund Request Form

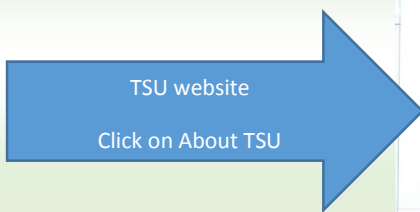
One you receive the Grant Award Acknowledgement Letter from Provost you should follow these steps.

1. Go to Texas Southern University (website <http://www.tsu.edu/>)



2. Next look at the top you will see these tabs

**ABOUT-ADMISSIONS-ACADEMICS-ATHLETICS-ALUMNI-CURRENT STUDENTS-FACULTY& STAFF- GIVE TO TSU**



3. Click on the tab ABOUT TSU—next look on the left side for **Administration**

Look for

Click on Administration

TSU  
TEXAS SOUTHERN UNIVERSITY

Request Information My TSU Web

HOME CONTACT US DIRECTORY

ABOUT ADMISSIONS ACADEMICS ATHLETICS ALUMNI CURRENT STUDENTS FACULTY & STAFF GIVE TO TSU QUICK LINKS

About Us Page 1 of 2

Home >> About

Board of Regents  
Office of the President  
Administration  
2014 Facts at a Glance  
Mission & Vision  
History  
Campus  
Dept. of Public Safety

**Facts:**  
President: John M. Rudley  
Founded: 1927  
Location: Houston, Texas  
Enrollment: 9,700  
Undergraduate Tuition and Fees for Texas Residents: \$7,600 annually  
Employees: 1,400 staff and faculty  
Registered Student Organizations: 80+  
Colleges & Schools: 10  
Mascot: Tigers  
Colors: Maroon and Gray

**Mission**  
Texas Southern University is a nonsectarian metropolitan university. Building on its legacy as a historically black institution, the university provides academic and research programs that address critical urban issues and prepare an ethnically diverse student population to become a force for positive change in a global society.

**Vision**  
Texas Southern University will become one of the nation's pre-eminent comprehensive metropolitan universities. We will be recognized by the excellence of our programs, the quality of our instruction, our innovative research, and our desire to be a contributing partner to our community, state, nation, and world.

http://www.tsu.edu/about/ 4/16/2015

4. One on the Administration page look on the left side for **Division of Academic Affairs and Research**

Look

Click on Office of Research

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TEXAS SOUTHERN UNIVERSITY

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Home >> About >> Administration

Office of the President  
Office of General Counsel  
Division of Academic Affairs and Research  
Division of Finance  
Division of Human Resources  
Office of University Advancement  
Buildings and Grounds  
Campus Services and Operations  
Public Administration  
Construction and Planning  
TSU Forms  
Information Technology  
Institutional Effectiveness  
Office of Internal Audit and Fraud  
Office of External Affairs  
Office of Institutional Compliance  
State Links

Welcome to the TSU Administration homepage. The Administrative Staff at Texas Southern University supports the University's "Pursue of Greatness!"

- Fiscal Responsibility
- Service & accountability to administration
- Integrate learning and living environment
- Commitment to community outreach
- Academic and faculty excellence

We invite you to learn more about the following Administrative offices:

- Office of the President
- Office of Academic Affairs
- Board of Regents
- Department of Public Safety
- Division of Public Safety
- Lawrence & Communication
- Information Technology
- General Counsel
- Institutional Compliance
- Office of Internal Audit and Fraud
- Human Resources
- Office of Institutional Advancement
- Office of Institutional Compliance
- Buildings and Grounds

For information about TSU policies and procedures: [Policies](#)

TSU Search Texas Historical Society Texas Legislature Texas Veterans Fund Office of the Governor Institutional Reserve Legislative Appropriations Request  
Request Information TSU Quality Enhancement Plan TSU SACS Website Budget Summary 2014-2016 TSU Board Bylaws Administrative Policies (MAPF)

TSU © 2014 Texas Southern University, 7000 Greens Bayou, Houston, TX 77066 Phone: 713-343-2011 A - Z Index | Facebook Twitter YouTube

http://www.tsu.edu/about/Administration/default.php 4/16/2015



- One on the Division of Academic Affairs and Research page look on the left side for Office of Research

Division of Academic Affairs and Research

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## Division of Academic Affairs and Research

Home >> About >> Administration >> Division of Academic Affairs and Research

Academic Dean, Researchers  
Faculty Awards  
Back to Basics Summer Institute  
Promotion and Tenure Guidelines  
Office of Institutional Effectiveness  
Office of Research  
Office of the Faculty Champions  
Center for Online Education and Instructional Technology  
Federal Review Process  
Program Review  
Faculty Manual  
Office of the Registrar  
Testing  
New Faculty Guide  
Offer Letter Templates  
Opening Faculty Meeting Archive  
Council Archive  
Meeting Minutes

### OFFICE OF THE PROVOST

I am pleased to welcome you to the Division of Academic Affairs and Research at Texas Southern University. The Provost serves as the chief academic officer of the university reporting directly to the President.

The Provost also has administrative oversight for research/hobbyist activities, Libraries/Museum, Student Success Services and Institutional Assessment, Planning and Effectiveness on campus. Academic programs are offered in ten colleges and schools: College of Liberal Arts and Behavioral Sciences, Jesse H. Jones School of Business, College of Education, College of Continuing Education, The Graduate School, Thurgood Marshall School of Law, College of Pharmacy and Health Science, School of Science and Technology, Herbert Jordan Kistner Leonard School of Public Affairs and the School of Communications.

Together, these colleges and schools offer 53 baccalaureate degree programs, 96 master's degree programs, three Doctor of Philosophy degree programs and three professional doctoral degree programs in education, law and pharmacy. The wide variety of academic program offerings gives our diverse student body an excellent opportunity to learn from over 600 full-time instructional faculty.

You are welcome to explore our academic programs of study and to contact my office if the need arises. Thank you.

TSU Home Page  
Division of Academic Affairs and Research Organizational Chart  
Openness Faculty Meeting Archive

Interim Provost and Vice President for Academic Affairs and Vice President for Research	James W. Ward	<a href="mailto:jward@tsu.edu">jward@tsu.edu</a>	(713) 313-1134
Associate Provost and Associate Vice President for Academic and Faculty Affairs	Elizabeth Brown-Dubler	<a href="mailto:ebrown@tsu.edu">ebrown@tsu.edu</a>	(713) 313-1160
	Adeboye Oyekan	<a href="mailto:Adeboye.Oyekan@tsu.edu">Adeboye.Oyekan@tsu.edu</a>	(713) 313-4341

<http://www.tsu.edu/about/Administration/division-of-academic-affairs-and-research/> 4/16/2015

- One on the Office of Research page look on the left side for Research Financial

Home

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## Office of Research

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RESEARCH FUNDING & PRE-AWARD SERVICES  
RESEARCH ENHANCEMENT & REGULATORY SERVICES  
**RESEARCH FINANCIAL SERVICES**  
COMPLIANCE SERVICES

WHAT  
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After clicking on Research Financial Services, another box will appear on the side of this box. It will say "Overview" and mid-way it will also say "Guideline" Go to the bottom and you see the Grant Fund Request Form click in print....

<http://www.tsu.edu/about/Administration/division-of-academic-affairs-and-research/resear...> 4/16/2015

# Grant Fund Request Form

The Grant Fund Request Form

Please complete and return.

**OFFICE OF RESEARCH  
RESEARCH FINANCIAL SERVICES DEPARTMENT  
GRANT FUND REQUEST FORM**

**Grant Title** \_\_\_\_\_

**Grant Funding Agency Name** \_\_\_\_\_

<b>Grant Start Date</b> _____	<b>Grant End Date</b> _____	<b>Sponsor ID#</b> _____
<b>Grant Award Amount</b> _____	<b>Cost Share Amount</b> _____	
<b>Pass-Through From Agency Name (if pass-through)</b> _____		<b>Cost Share Source (Fund No. if applicable)</b> _____
<b>Catalog of Federal Domestic Assistance No. (CFDA#) (if federal funding source)</b> _____		<b>Facilities &amp; Administrative Cost Rate (%) (Indirect Cost Rate)</b> _____

---

**SUBCONTRACTS**  
*(Please attach a separate sheet if more than four subcontracts.)*

Name	Subcontract Period	Subcontract Amount
	---	
	---	
	---	
	---	

**FUNDING SOURCE:**     Federal     State     Local     Private

---

**PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR**

Printed Name _____	Department _____
Signature _____	Date _____

**Detail Budget:** (Please attach Detail Budget with detailed calculations for indirect costs, signed and dated by PI/PD  
Email the completed form along with the Detail Budget to the Research Financial Services Dept., lewis\_dw@tsu.edu)

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**For Research Financial Services Use Only**

Fund No. Assigned \_\_\_\_\_ Organization No. \_\_\_\_\_ Program No. \_\_\_\_\_

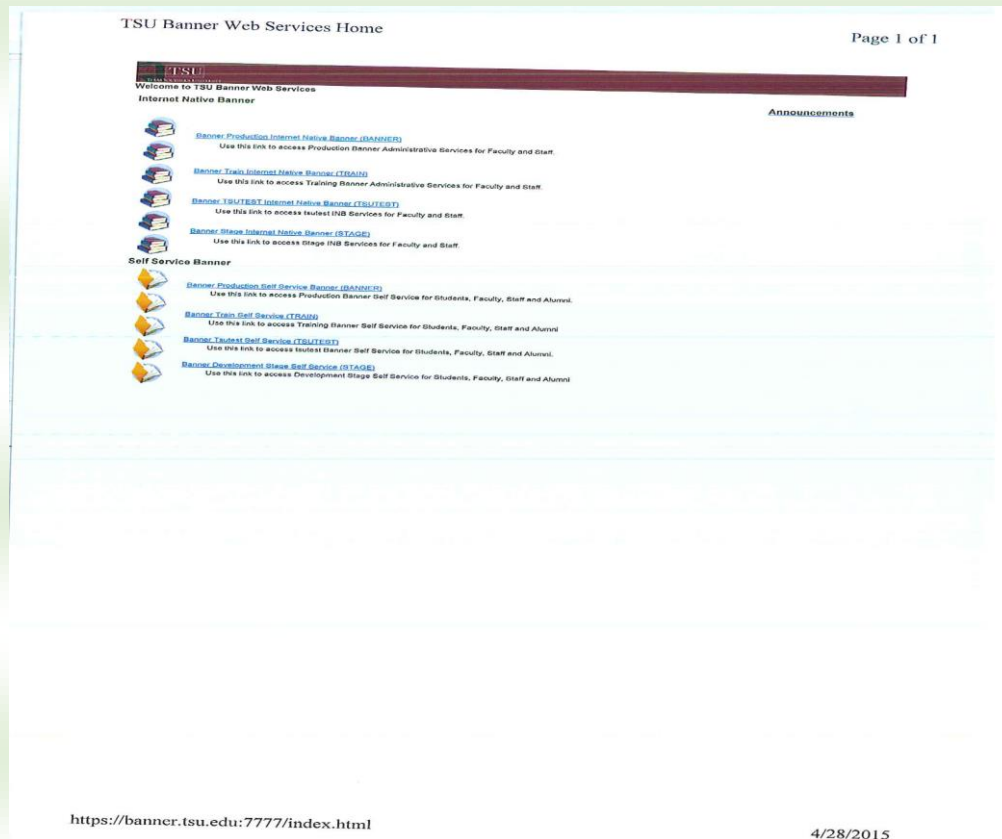
Grant Accountant \_\_\_\_\_ Date Emailed to P.I. \_\_\_\_\_

RFS100/1010



*Banner Access and Signature Approval*

# Welcome to TSU Banner Web Service



## Banner Access and Signature Approval

Banner Access: Contact Rena F. Robinson (713) 313-7646 or email [Robinson\\_RF@tsu.edu](mailto:Robinson_RF@tsu.edu)

Required signature approval: Contact your College Business Administrator

# Banner Account Codes

# Commonly Used Account Codes

## Commonly Used Account Codes →

### Furniture/Equipment Common Codes

<u>Code#</u>	<u>General Description</u>
7330	Repair parts for General Furn/Equip
7334	General Furn/Equip, unit cost under \$5,000 not controlled
7373	General Furn/Equip, unit cost greater than \$5,000
7374*	General Equipment, unit cost under \$5,000 controlled*
7335	Computer parts, under \$5,000. not controlled
7377	Computer equipment under \$5,000. not controlled
7378**	Computer equipment under \$5,000, controlled**
7379	Computer equipment unit cost greater than \$5,000
7380	Software, All
7266	Maint & Repair of buildings
7267	Maint & Repair, computers
7367	Maint & Repair, general furn/equip
7406	Rental, equipment (including copiers)
7442	Rental, vehicles
7470	Rental, space

### Controlled Equip.

#### **\*7374**

Audio Equip  
Camcorders  
Data Projectors  
Digital Cameras  
Firearms  
TVs  
VCRs

#### **\*\*7378**

Desktops  
Ipads, Tablets, etc.  
Laptops  
Printers

### Supplies & Misc. Common Codes

<u>Code#</u>	<u>General Description</u>
7300	Consumable Supplies, Office Supplies
7310	Chemicals and Gases
7312	Medical Supplies
7315	Food
7328	Hardware, keys, supplies
7106	Travel, in state
7116	Travel, out of state
7210	Travel, student
7121	Travel, international
7201	Memberships (McShan approval)
7202	Employee training
7203	Registrations
7210	Fees
7211	Awards
7240	Consultants
7252	Guest lecturers, teachers, speakers, etc.
7253	Other Professional services
7273	Printing & Reproduction
7274	Temp employees (Corestaff)
7303	Subscriptions & Periodicals
7382	Books
7372	Golf Carts

Welcome to the Forms Listing

# TSU Form

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ABOUT ADMISSIONS ACADEMICS ATHLETICS ALUMNI CURRENT STUDENTS FACULTY & STAFF GIVE TO TSU

QUICK LINKS

## Office of Forms



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- Athletics
- Compliance
- Finance
- Facilities
- Business Affairs
- Human Resources
- Marketing
- Office of General Counsel
- Office of Information Technology
- Procurement Service
- Property/Warehouse
- Research
- Student Services
- President's Office

### Quick Links

- [Blackboard](#)
- [MyTSUweb](#)
- [Academic Calendar](#)
- [Robert James Terry Library](#)



### General Counsel Forms

#### Affiliation Agreement

- [Affiliation Agreement College of Pharmacy Form](#)
- [Affiliation Agreement - Forelon University Form](#)
- [Agreement of Cooperation Form](#)
- [Education Experience Affiliation Agreement Form](#)
- [Memorandum of Understanding Academic Programs Form](#)
- [Program Agreement to Educational Experience Affiliation Agreement Form](#)

#### Athletics Agreements

- [Athletic Agreement Form](#)
- [Athletic Director Agreement Form](#)
- [Head Coach Contract Form](#)

#### Facilities Licensing

- [JOC Master Contract Form](#)
- [Licensing Agreement for Facilities Form](#)

#### Fitness Wellness

- [Personal Training Package Form](#)

#### Intellectual Property Agreements

- [Authorization for Use of Image Form](#)
- [Copyright Assignment Release Form](#)
- [Intellectual Property Use Permission Form](#)

#### Interagency Cooperation Agreements

- [Interagency Agreement TSU Performs Form](#)

<http://www.tsu.edu/about/Administration/forms/general-counsel.php>

4/16/2015



# Personnel Action Form



Reset  
Print

PERSONNEL ACTION FORM

(Faculty/Staff/Graduate Student/Undergraduate Student)

Instructions: Must be typewritten. Any changes to original must be initialed. Copies may not be changed. Complete the Name, Effective Date, Social Security Number, employee's current department, and Vacancy Announcement Number on all PAF's. Fill in the information that is new or changed.

PERSONAL	NAME (First) (Middle) (Last)			Date Prepared:
	Address		City/State	Zip code
	TSU ID T#	- OR - Social Security Number	Home Telephone Number	Employment Dates From: To:
ACTION	New Employee Y <input type="checkbox"/> N <input type="checkbox"/>		Termination <input type="checkbox"/> Resigned <input type="checkbox"/> Disability <input type="checkbox"/> Deceased <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> Funding ended	
	New Position: <input type="checkbox"/> <input type="checkbox"/>		Salary Change <input type="checkbox"/> Merit <input type="checkbox"/> Voluntary Demotion <input type="checkbox"/> Promotion <input type="checkbox"/> Involuntary Demotion <input type="checkbox"/> Reclassification	
	Reappointment: <input type="checkbox"/>		Incentive Program Lump Sum Payment of \$ _____	
	Change: <input type="checkbox"/>		Leave of Absence <input type="checkbox"/> Maternity <input type="checkbox"/> Military <input type="checkbox"/> Disability <input type="checkbox"/> Unpaid <input type="checkbox"/> FMLA <input type="checkbox"/> WC (Family Medical Leave) (Workers Compensation)	
	Item #: _____ Last Day in Office _____		Member of TRS? <input type="checkbox"/> <input type="checkbox"/> Active -or- <input type="checkbox"/> Retiree	
Person Replaced: _____ Supervisor: _____ Extension: _____ Web Supervisor: _____				
SALARY	Current Employee/New Hire/Transfer From Information:			
	Vacancy Announcement Number: _____		Transfer to/Change to Information:	
	Department: _____		Department: _____	
	Official Grant Title: _____		Official Grant Title: _____	
	TSU Title: _____		Title: _____	
# of Hours/Week/%FTE: _____ Pay Grade: _____		# of Hours per Week/%FTE: _____ Pay Grade: _____		
Monthly/ Hrly: \$ _____ Longevity: _____		Monthly/Hourly: \$ _____ Longevity: _____		
Annual: \$ _____ Prorated: \$ _____		Annual: \$ _____ Prorated: \$ _____		
Regular <input type="checkbox"/> Regular <input type="checkbox"/> Temp. <input type="checkbox"/> Temp. <input type="checkbox"/>		Regular <input type="checkbox"/> Regular <input type="checkbox"/> Temp. <input type="checkbox"/> Temp. <input type="checkbox"/>		
FT <input type="checkbox"/> PT <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/>		FT <input type="checkbox"/> PT <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/>		
Justification/Reason: _____				
List other funding sources: _____				
CODES	Current Employee/New Hire Funding Information:			
	FROM Fund Type: State <input type="checkbox"/> Grant <input type="checkbox"/> Other <input type="checkbox"/>		TO Fund Type: State <input type="checkbox"/> Grant <input type="checkbox"/> Other <input type="checkbox"/>	
	Fund#: _____	Org.#: _____	Fund#: _____	Org.#: _____
Program#: _____		Program#: _____		
Time & Effort: _____ %		Time & Effort: _____ %		
ACTV Code: _____		ACTV Code: _____		
HR	HR USE ONLY			
	Entered By: _____		Verified By: _____	
	Pay Grade: _____ Date of Last Merit: _____		Date of Last Promotion: _____	
Current FLSA Status <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt		Transfer/Change to FLSA Status <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt		
APPROVALS	Recommended – Department Hiring Manager		Budget or Grants Office	
	Date		Date	
	Approved By – Department Director/Vice President		Human Resources – Executive Director	
Date		Date		
Approved By – Administrative Officer		Date		

NOTE: All changes must be initialed, dated and approved by the appropriate Departmental Officer(s).

HR0100  
Rev. 09/09



Travel Voucher

## Travel Voucher Instructions

### Voucher Layout

- Click on the tabs at the bottom to navigate from sheet to sheet. There are 11 tabs/sheets.
    - **Instructions:** Contains basic instructions for the voucher.
    - **Data\_Entry\_Front Page:** Used to data enter Front\_Page and COBJ\_Continuation information.
    - **Front\_Page:** The Front Page of the voucher, this sheet is populated from data entered on the Data\_Entry\_Front\_Page.
    - **COBJ\_Continuation:** Used for COBJ information, this sheet is also populated from data entered on the Data\_Entry\_Front\_Page.
    - **Meals\_Lodging\_Mileage\_Detail:** Used to input and calculate Meals, Lodging and Mileage information. Voucher detail information is also located here.
    - **Mileage\_Detail 1 - 5:** Used as additional space to input mileage and voucher detail information.
    - **Additional\_COBJs:** Used if there are more than 11 COBJs on the voucher (the maximum number that can be data entered on the Data\_Entry\_Front\_Page).
- Note: Data must be entered directly into this sheet.

### Helpful Information

Printing:	Not all tabs are designed for printing. Pages should be printed in the following order: <ol style="list-style-type: none"><li>1. Front_Page</li><li>2. COBJ_Continuation (if applicable)</li><li>3. Additional COBJs (if applicable)</li><li>4. Meals_Lodging_Mileage_Detail</li><li>5. Mileage_Detail 1 - 5 (if applicable)</li></ol>
Dates:	Enter as <b>mmddy</b> . Excel automatically reformats the date as <b>mm-dd-yy</b> .
Mileage:	This information is input on Meals_Lodging_Mileage_Detail and Mileage_Detail 1 - 5. The "I" or "O" indicator must be input for the mileage to calculate properly.
Documentation:	Voucher documentation is entered in Section "y" of the travel voucher, found in Meals_Lodging_Mileage_Detail and Mileage_Detail 1-5. The "y" section is one large cell where the text <b>AUTOMATICALLY WRAPS</b> . To create a line break in the cell, press <b>ALT+ENTER</b> .
Additional COBJs:	This voucher allows 11 COBJs to be data entered via the Data_Entry_Front_Page tab. If entry of additional COBJs is required, access the Additional_COBJs sheet (11th tab). Note: The COBJ information must be entered directly into this sheet.
Agency Use fields:	The agency use fields throughout this voucher are unlocked. You may edit directly in the fields.
Descriptors:	A field description box displays for all primary data entry fields on the Data_Entry_Front_Page tab.

### Miscellaneous Information

The Texttravel logo and Travel COBJ Listing button shown below appear on each tab of the voucher. They are hyperlinks to the Texttravel Web tool and Travel COBJ listing. They will **NOT** print with the voucher.



# Travel and Travel Card



TEXAS SOUTHERN UNIVERSITY

Request Information My TSU Web

HOME CONTACT US DIRECTORY

ABOUT ADMISSIONS ACADEMICS ATHLETICS ALUMNI CURRENT STUDENTS FACULTY & STAFF GIVE TO TSU QUICK LINKS

# TSU Forms



Home >> About >> Administration >> Forms >> Procurement Services

- Athletics
- Compliance
- Finance
- Facilities
- Business Affairs
- Human Resources
- Marketing
- Property/Warehouse
- Research
- Student Services
- President's Office

### Quick Links

- Blackboard
- MyTSUweb
- Academic Calendar
- Robert James Terry Library

## Procurement Services Forms

### Procurement Card

- [Application Procurement Card - CBA Account Form\(will be coming\)](#)

### Purchasing

- [Authorization and Information Summary Sheet Form for Purchases Over \\$100K Form](#)
- [Authorization for Moving and Relocation Expenses Form](#)
- [Cash Advance Request Form](#)
- [Direct Deposit Authorization Form](#)
- [Direct Pay Voucher Form](#)
- [Emergency Purchase Form](#)

### Travel and Travel Card

- [Application Dept Travel Card Form](#)
- [Application Travel Card CBA Form](#)
- [Authority to Travel Form](#)
- [Department Travel Card - Hotel Reservation Authorization Form](#)
- [Department Travel Card - Car Rental Authorization Form](#)

### Others...

- [Employee Independent Contractor Classification Checklist Form](#)
- [EHS Life Safety System Request Form](#)
- [Paper Requisition Form](#)
- [Entertainment Expense Form](#)
- [Official Functions Approval Form](#)
- [Procurement Services Encumbrance Adjustment Form](#)
- [Sole Source Justification Form](#)
- [Standard Purchase Order Terms and Conditions Form](#)



Travel and Travel Card

# Request for Authority to Travel at University Expense Form

Reset Print

**REQUEST FOR AUTHORITY TO TRAVEL AT UNIVERSITY EXPENSE**  
Please retain a copy of the completed form for your records and forward the signed original to the Travel Dept.

**MUST BE COMPLETED AND APPROVED PRIOR TO RESERVING TRAVEL ARRANGEMENTS**

1. NAME OF INDIVIDUAL TRAVELING: \_\_\_\_\_

2. POSITION TITLE: \_\_\_\_\_ T Number \_\_\_\_\_

3. NAME OF DEPARTMENT OR OFFICE: \_\_\_\_\_ Last 4 digits of Travel Card # \_\_\_\_\_

4. DATE OF DEPARTURE: \_\_\_\_\_

5. DATE OF RETURN: \_\_\_\_\_

6. PLACE(S) TO BE VISITED: \_\_\_\_\_

7. MODE OF TRAVEL: Train \_\_\_\_\_

8. ESTIMATE TOTAL COST OF TRIP: (Sum of sections A plus B) \$ 0.00

9. IDENTIFY TRAVEL TYPE:  
 Individual  Team  Group  Foreign

10. EXPLANATION AND JUSTIFICATION OF TRIP: \_\_\_\_\_

11. FUND \_\_\_\_\_ ORG \_\_\_\_\_ PROG \_\_\_\_\_ ACTV \_\_\_\_\_

12. IF USING TRAVEL CARD FOR MEALS, DO NOT EXCEED PER DIEM AND NO REIMBURSEMENT IS ALLOWED.

13. STATEMENT AND SIGNATURE OF APPLICANT AND DEPARTMENT HEAD  
"I hereby certify that the purpose of this proposed trip is official business of the University."

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Head \_\_\_\_\_ Date \_\_\_\_\_

APPROVED: \_\_\_\_\_

Dean/Executive Director \_\_\_\_\_ Date \_\_\_\_\_ Vice President \_\_\_\_\_ Date \_\_\_\_\_

President \_\_\_\_\_ Date \_\_\_\_\_

**A - EST. COST PAID BY TRAVEL CARD**

Round trip Airfare	\$ _____
Registration Fees	_____
Hotel * nights @ \$	0.00
Rental Car * days @ \$	0.00
Meals per diem * nights @ \$	0.00
Total Estimate Travel Paid by Travel Card	\$ 0.00

\*Prohibited travel card purchases when using state funds. Amount listed above should not be included in section B.

**B - EST. COST TO BE REIMBURSED**

Round trip Airfare	\$ _____
Registration Fees	_____
Hotel * nights @ \$	0.00
Rental Car * days @ \$	0.00
Meals per diem * nights @ \$	0.00
Parking * days @ \$	0.00
Taxi/ Shuttle	_____
Mileage * miles @ _____	0.00
Incidentals	_____
Total Estimate for Reimbursement	\$ 0.00

**FOR TRAVEL SERVICES ONLY**

IN STATE	DESCRIPTIONS	OUT OF STATE	
\$ _____	7101 TRANSPORTATION	7111 \$ _____	
\$ _____	7102 MILEAGE	7112 \$ _____	
\$ _____	7104 ACTUAL EXPENSE	7114 \$ _____	
\$ _____	7105 INCIDENTAL	7115 \$ _____	
\$ _____	7106 MEALS & LODGING	7116 \$ _____	
\$ _____	7203 REGISTRATION	7203 \$ _____	

**TSU**  
TEXAS SOUTHERN UNIVERSITY

**CARDHOLDER APPLICATION/APPROVAL FORM**  
**FOR**  
**TRAVEL-CARD CENTRALLY BILLED ACCOUNT (CBA)**  
(Approved for Athletics, Recreators, Student Travel, Deans/Executive Directors and above)

**Cardholder/Applicant Information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Last 4 digits of Social Security #: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work E-Mail: \_\_\_\_\_

College/Division: \_\_\_\_\_ Department: \_\_\_\_\_

**Card Information**

The traveler is allowed to purchase airfare, hotel accommodations, ground transportation, registration and meals. (LOCAL FUNDS ONLY) Monthly limit is \$3,000 unless increase is approved by the appropriate Vice President/Provost.

If the traveler has only State funds, the card is restricted to \$600 for airfare and registration. No other purchases are allowed.

Select Primary Funding/Source: Local  Grant  State  Will this card be utilized primarily for student travel?

Provide Banner FOP information

Banner	Fund	Org	Program
Default			
Alternate			

For Procurement use only: MCC: Group

EXE	TXAIR	STU	CBA	ATHL	DEPT	INDV
-----	-------	-----	-----	------	------	------

Note: Travel Card will not be released until Cardholder successfully completes travel card training.

**Business Contact Information**

List Business contact responsible for SFOL entries, processing Expense Reports, maintaining forms, receipts and T-card maintenance.

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work E-Mail: \_\_\_\_\_

Note: Business Contacts are typically the departmental Administrative Assistant. They and/or the cardholder are required to complete Smart Data Online training.

**Division/College Business Administrator**

Responsible for travel-card program of said College or Division. Responsibilities include: reviewing, approving/disapproving transactions made by cardholder, verifying budget availability, verifying correct account # is selected etc. Note: C/DBA is required to complete Travel Card training annually.

C/DBA

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Approvals (Funds beginning with 2 or 3 require approval by Research & Financial Services)**

Research & Financial Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President/Provost Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required if applicant is a direct report to the President)

Log on to

<https://fmx.cpa.state.tx.us/fmx/travel/texttravel/index.php>



Glenn Hegar • Texas Comptroller of Public Accounts



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## Texttravel

Issued: Sept. 24, 2008  
Updated: June 6, 2013 – [View Changes](#)

FPP G.005

The Texas Comptroller of Public Accounts created Texttravel to provide information on state travel laws and rules to state agencies and institutions of higher education. Texttravel is based on [Texas Government Code Chapter 660, General Appropriations Act, Article IX, Part 5](#), and [Texas Administrative Code, Title 34, Part 1, Chapter 5, Subchapter C, Section 5.22](#).

This website is designed to be an easy reference for agencies and their employees. Links to applicable laws and rules are included.

After logging on to this website you will also see a tap that said, "Forms to your right." Under forms see "Travel Voucher (Excel) (73.-174) and Request to increase Maximum Lodging Rate." When you click on the "Travel Voucher" an internet explorer window will open click on open. Next please complete form.





TEXAS SOUTHERN UNIVERSITY

HOME CONTACT US DIRECTORY

Request Information My TSU Web

ABOUT ADMISSIONS ACADEMICS ATHLETICS ALUMNI CURRENT STUDENTS FACULTY & STAFF GIVE TO TSU QUICK LINKS

# TSU Forms



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## General Counsel Forms

- Affiliation Agreement**
  - Affiliation Agreement, College of Pharmacy Form
  - Affiliation Agreement, Eastern University Form
  - Agreement of Cooperation Form
  - Education Experience Affiliation Agreement Form
  - Memorandum of Understanding Academic Programs Form
  - Business Agreement to Educational Experience Affiliation Agreement Form
- Athletics Agreements**
  - Athletic Agreement Form
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  - Head Coach Contract Form
- Facilities Licensing**
  - JOC Master Contract Form
  - Licensing Agreement for Facilities Form
- Fitness Wellness**
  - Personal Training Package Form
- Intellectual Property Agreements**
  - Authorization for Use of Images Form
  - Copyright Assignment Release Form
  - Intellectual Property Use Permission Form
- Interagency Cooperation Agreements**
  - Interagency Agreement TSU Performs Form
  - Interagency Agreement TSU Receives Form
- Other Contract Compliance**
  - Contract Close Out Form
  - IFB/A Business Assurance Agreement Form
  - Interlocal Agreement Form
  - OT Contract Approval Form
  - Volunteer Waiver Form
- Personal Training**

http://www.tsu.edu/about/Administration/Forms/general-counsel.php

4/28/2015

- Personal Training Package Form
- Police Services**
  - Police Services Agreement Form
- Procurement and Agreement**
  - Vendor Agreement Form
  - Professional Consulting Services Agreement Form
  - Recommendation for Award Form
  - Standard Amendment Form
  - Standard Contract Addendum Form
  - Standard Purchasing Agreement for Goods and Services under \$5000 Form
  - Standard Purchase Order Terms and Conditions Form
- Speaker, Performer and Prompter Agreement**
  - Performer Agreement Form
  - Prompter to Present Event on Campus Agreement Form
  - Speaker Agreement Form
- Sponsored Programs**
  - Memorandum of Agreement Form
- Standard Releases**
  - Reference Request and FERPA Release Form
  - Release and Indemnification Agreement for Adults Faculty Form
  - Release and Indemnification Agreement for Adults Faculty Form
  - Release and Indemnification Agreement for Minors Form
- Visiting Faculty**
  - Visiting Faculty Agreement-Faculty Away Form
  - Visiting Faculty Agreement-TSU Visitor Form
- Others ...**
  - Compliance Coversheet Form
  - BOA Agenda Item Checklist Form
  - Non-exclusive Licensing Application Form

You will see the word "Others" .... under "Others" you will see Compliance "Coversheet Form"

TRAIL Search Texas Homeland Security Texas Legislature Texas Veterans Portal Office of the Governor Institutional Resume Legislative Appropriations Request  
Request Information TSU Quality Enhancement Plan TSU SACS Website Budget Summary 2014-2015 TSU Board Bylaws Administrative Policies (MAAPP)



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3100 Cleburne Street, Houston, TX 77004  
Phone: 713-313-7011

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**TSU**  
TEXAS SOUTHERN UNIVERSITY  
COMPLIANCE COVERSHEET FOR NEW CONTRACTS / AGREEMENTS  
Contract Number \_\_\_\_\_ (Assigned By OGC)

CONTRACT ORIGINATOR & TITLE:  
Initiating Department: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Extension: \_\_\_\_\_

REQUIRED: Attach all applicable justification forms:  
 BIP/PRO; Texas Marketplace     Selection Committee & Award Notification  
 State-Sourced Justification     Emergency Justification (See Procurement Dept.)  
 Risk Value     Other: \_\_\_\_\_

CONTRACT TYPE/ACTION:  
 New Agreement     Renewal     Modification/Amendment     Extension

Brief description of goods/services vendor shall provide or perform: \_\_\_\_\_

CONTRACTOR/VENDOR:  
Contract Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
CONTRACT AMOUNT: \$ \_\_\_\_\_ Commission/Guarantee:  YES  NO  N/A  
Contract Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Does the contract require reporting to the Legislative Budget Board and/or other State Agencies? (Example: Professional Services and Construction Contracts in excess of \$10,000)  YES  NO  
If the contract involves software or a license in any information technology system, have you obtained approval from the Office of Information Technology? Please attach authorization form.  YES  NO  N/A

Funding Source:  Grant  Local  State  Other: \_\_\_\_\_  
Fund: \_\_\_\_\_ Organization: \_\_\_\_\_ Acct: \_\_\_\_\_ Program: \_\_\_\_\_

**DISCLAIMER:** I have primary responsibility for the contract, from inception to completion of the transaction. I have read, fully understood, and agree with the business terms of the attached contract. I am submitting the contract to General Counsel for legal review.

Contract Originator \_\_\_\_\_ Date \_\_\_\_\_  
 Standard Agreement for contracts less than \$500 is attached and I certify I have not made any changes to that form.

Official w/ delegated Authority \_\_\_\_\_ Date \_\_\_\_\_  
 Bid Request Attached     Bid Not Required  
 Minority Owned Business     MBE

Procurement Services \_\_\_\_\_ Date \_\_\_\_\_  
 Due Diligence Completed     Due Diligence Not Required

Office of Compliance \_\_\_\_\_ Date \_\_\_\_\_

Office of General Counsel    TSUOGC-5-1210-011  
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**TSU**  
TEXAS SOUTHERN UNIVERSITY  
COMPLIANCE COVERSHEET FOR NEW CONTRACTS / AGREEMENTS  
Contract Number \_\_\_\_\_ (Assigned By OGC)

DO NOT WRITE BELOW THIS LINE FOR FISCAL (CFO) USE ONLY

Are adequate funds available for this Contract / Agreement?  YES  NO  N/A  
 Does Research Financial Services have to confirm funds availability?  YES  NO  N/A

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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**TSU**  
TEXAS SOUTHERN UNIVERSITY  
COMPLIANCE COVERSHEET FOR NEW CONTRACTS / AGREEMENTS  
Contract Number \_\_\_\_\_ (Assigned By OGC)

**Instructions for completing the Compliance Coversheet and contract management process flow:**

**CONTRACTS FOR GOODS & SERVICES**

- For all contracts / agreements for goods and services, the Initiating Department completes the Compliance Coversheet in its entirety, attaching all applicable justification forms. Any incomplete forms will be returned.
- The Initiating Department forwards the contract / agreement, the Compliance Coversheet and the appropriate attachments to Purchasing/Procurement Services. **Note: If over \$100K, Board Agenda Item Checklist must be included as well.**
- Upon completion of its review, Purchasing/Procurement Services forwards the contract / agreement and supporting documents to the Office of Institutional Compliance ("OIC") for a "due diligence review" on contracts of \$50,000 and over.
- The OIC will forward the contract / agreement, results of its due diligence review (if necessary) and any other supporting documents to the Office of the Chief Financial Officer. Additionally, OIC will forward the results of its due diligence review to the Contract Originator.
- The Office of the Chief Financial Officer determines if the appropriate funding is available and forwards the contract / agreement and supporting documents to the Office of General Counsel ("OGC").
- The Office of General Counsel reviews the contract / agreement for legal form and sufficiency, assigns a contract number and forwards the contract / agreement with an "execution letter" or any updates to the Senior Official who is **authorized** to sign the agreement.
- Pursuant to the University's Contract Administration Policy, the Office of General Counsel must maintain a record of all University Contracts. Therefore, within 14 days after execution of the agreement / contract (when both parties have signed the agreement), the Initiating Department shall forward a copy (preferably electronically) of the executed agreement to the Office of General Counsel. The original contract should be retained according to the University's Record Management Policy by the Initiating Department.
- The Initiating Department must execute contracts within 90 days from the completion of the review. If execution is not completed within 90 days, the Initiating Department must submit the document for review again through the "TSYOU" process.

**Please note: The Initiating Department will be contacted directly during the review, if any questions or issues arise. This process should take approximately 10-15 days.**

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**TSU**  
TEXAS SOUTHERN UNIVERSITY  
COMPLIANCE COVERSHEET FOR NEW CONTRACTS / AGREEMENTS  
Contract Number \_\_\_\_\_ (Assigned By OGC)

**AFFILIATION AGREEMENTS & MEMORANDUMS OF UNDERSTANDING / AGREEMENTS**

- For all affiliation agreements or memorandums of understanding / agreements with no monetary value, the Initiating Department completes the Compliance Coversheet in its entirety, attaching all applicable justification forms. Any incomplete forms will be returned.
- The Initiating Department forwards the agreement / memorandum, the Compliance Coversheet and the appropriate attachments to the Office of General Counsel.
- The Office of General Counsel assigns a contract number, reviews the agreement / memorandum for legal form and sufficiency, and forwards the contract / agreement with an "execution letter" or any updates to the Senior Official who is **authorized** to sign the agreement.
- Pursuant to the University's Contract Administration Policy, the Office of General Counsel must maintain a record of all University Contracts. Therefore, within 14 days after execution of the agreement/memorandum (when both parties have signed the agreement), the Initiating Department shall forward a copy (preferably electronically) of the executed agreement to the Office of General Counsel. The original contract should be retained according to the University's Record Management Policy by the Initiating Department.
- The Initiating Department must execute contracts within 90 days from the completion of the review. If execution is not completed within 90 days, the Initiating Department must submit the document for review again through the "TSYOU" process.

**Please note: The Initiating Department will be contacted directly during the review, if any questions or issues arise. This process should take approximately 10-15 days.**

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# Requisition Form



Date: \_\_\_\_\_

### REQUISITION

**Total Cost:** \$0.00 \_\_\_\_\_

**Requisition No.:** \_\_\_\_\_

Department: \_\_\_\_\_  
 Requested by: \_\_\_\_\_ Building/Room: \_\_\_\_\_  
 Department Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fund/Grant Title \_\_\_\_\_ Fund No. \_\_\_\_\_ Org No. \_\_\_\_\_ Account No. \_\_\_\_\_ Program No. \_\_\_\_\_  
 Vendor ID No. \_\_\_\_\_ Delivery Date. \_\_\_\_\_ Activity \_\_\_\_\_  
 Vendor Name \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_

**Special Instructions** \_\_\_\_\_

Add/Del	#	Qty	Items (include model/catalog number)	Unit Cost	Total Price
<input type="checkbox"/> + <input type="checkbox"/> -	1	1			\$0.00
<input type="checkbox"/> -	2	1			\$0.00
<input type="checkbox"/> + <input type="checkbox"/> -	3	1			\$0.00
<input type="checkbox"/> + <input type="checkbox"/> -	4	1			\$0.00
<input type="checkbox"/> + <input type="checkbox"/> -	5	1			\$0.00
<input type="checkbox"/> + <input type="checkbox"/> -	6	1			\$0.00
				Shipping Cost:	
				Total Cost:	\$0.00

**Business Purpose:** \_\_\_\_\_

**Note to Vendor, for Grant only:**

This grant begins on \_\_\_\_\_ and ends on \_\_\_\_\_  
*"No invoice will be accepted after the Grant end date"*

Date: \_\_\_\_\_

**Requisition No.:** \_\_\_\_\_

**REQUIRED SIGNATURES**

Requesting Person \_\_\_\_\_  
 Department Head \_\_\_\_\_  
 Dean/Director \_\_\_\_\_  
 VP/Provost \_\_\_\_\_  
 President \_\_\_\_\_

Grants \_\_\_\_\_  
 Purchasing Buyer \_\_\_\_\_  
 Purchasing Director \_\_\_\_\_

# Purchase Order

Establishes a contractual relationship between Texas Southern University & a vendor for the purchase of goods and/ or services. The Purchase Order is created and issued vendors by the Procurement Services Office from requisition submitted by Principals Investigator (PI) or Project Director (PD), and other University.

# Requisition Form

Used to create a request for the purchase of goods and/ or service.

# Procurement Services

The department responsible for creating and issuing purchase orders to vendors based on requisitions submitted by Principals Investigator (PI) or Project Director (PD), and other University Personnel.

# Direct Pay Voucher (DPV)

*(Note: Request DPV Training Manual from the Office of Account Payable)*

<b>INSTRUCTIONS</b> 1. Prepare in duplicate. 2. Send original to Accounts Payable. 3. Dept. should retain copy for its records. 4. Original vendor invoice and other supporting documents must be attached. 5. Sum of amounts must agree with payment. 6. Provide office phone # _____	<b>TEXAS SOUTHERN UNIVERSITY</b> <b>DIRECT PAY VOUCHER</b>			<b>REQUIRED FOR CONTRACTS</b> IST voucher submitted y/n <u>No</u> If yes, attach signed contract. Total contract amount \$ _____ Total payments to date including this voucher \$ _____
	Banner Vendor Number: _____			
	Payee Name: _____ (No initials or abbreviations for registration/membership vendors)			
	Address: _____			
	City	State	Zip	

**ONLY ONE (1) ORIGINAL INVOICE IS ALLOWED PER PAYMENT VOUCHER AND THIS FORM IS NOT APPLICABLE FOR TITLE III PAYMENTS**

All checks are sent by U.S. mail or direct deposit. For pick-up from Bursar's Office indicate here No

The total payment will be expensed to budget :

FUND	ORG	ACCOUNT	PROGRAM	

DESCRIPTION: If membership dues or registration, describe benefit to the university and list the beginning and end dates of the membership.	Amount
1	
2	
3	
4	



Total Payment \$0.00

I HERBY CERTIFY THAT THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE ATTACHED AND LISTED ABOVE WERE NECESSARY FOR USE BY TSU AND HAVE BEEN DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES.

Site Location _____	Date _____	Voucher Prepared By _____	Department Head _____
Dean/Executive Director (if required) _____	Research & Financial Services(if required) _____	Vice President (if required) Provost _____	

Prior to making a purchase, the user must confirm that the vendor is not on "Vendor Hold" with the State. To verify vendor hold status see: <https://cpafmprd.cpa.state.tx.us/tpis/search.html> If the vendor is "On Hold", another vendor must be selected. If not "On Hold", **ATTACH PRINTOUT** to voucher. Direct Payment Voucher will be returned if printout is not attached.

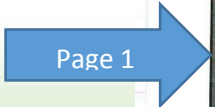
Reset

Print

# Grant Closeout Form



# Grant Closeout Form



<b>GRANT FUND CLOSEOUT FORM</b>	
<small>Grant should close out within 90 calendar days after the completion of the award see-OMB A-110 relocated to 2CFR. Part 215</small>	
<b>(TO BE COMPLETED BY ACCOUNTANT)</b>	
Today's Date: _____	
Name Title: _____	Accountant Name: _____
Project Title: _____	Sponsor Award Number: _____
Fund Number _____	Sponsor Name: _____
Start Date _____	
End Date _____	
Fund Type (check one) <input type="checkbox"/> Grant <input type="checkbox"/> Fixed Price <input type="checkbox"/> Contract Cost Reimbursement	
Is this the final year of the project? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Multiple years managed in this fund? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year of project:          Year          of          Years	
Based upon Agency/ Sponsor guidelines, retain fund file in storage until this date: _____	
List Previous Related Year(s)/Fund(s) _____	Date: _____
Date of final invoice and or drawdown request _____	
Have all payment been received and posted to Banner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no action taken: _____	
Have all encumbered been liquidated, paid or cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Attached Banner report-- FGIBAVL)—available balance must be reduces to "zero".	
Is Accounts Receivable zero for this fund? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have balances of unobligated cash that Agency/Sponsor, advanced or paid been refunded to the Agency/Sponsor, unless authorized to be retained by the recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Accountant Signature:</b> _____	<b>Date:</b> _____
<small>Research Financial Service</small>	<small>Rev-04-2013</small>

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**TO BE COMPLETED BY PRINCIPAL INVESTIGATOR(P.I.) OR PROJECT DIRECTOR (P.D)**

Equipment: No Equipment  
*(Check when completed)* Review for specific types of equipment purchases:  
Fabricated equipment purchases (result in a piece of equipment?)  Yes or  No  
Did sponsor/funder provide or loan equipment to project?    
Purchased sponsor-own equipment?    
Is this equipment to be used on subsequent years of the award?

If YES, list current year award information:

Note: If project is using the equipment on the current year of the award, the sponsor/funder award number must match. If the sponsor/funder award number doesn't match, the sponsor/funder written approval is required to use the equipment on the new award.

Fund Number: Grant Number P.I

If NO, select option for equipment status:

Has the final activity/progress report been submitted to the funding agency?  Yes  No

If no, action taken: \_\_\_\_\_

Principal Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DIRECTOR APPROVAL**

Director of Research Financial Services: \_\_\_\_\_ Date: \_\_\_\_\_