Student Organization Name

Budget

20__ to 20__ Academic Year

<table>
<thead>
<tr>
<th>Income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership Dues</td>
<td></td>
</tr>
<tr>
<td>Event Fees</td>
<td></td>
</tr>
<tr>
<td>Fundraisers</td>
<td></td>
</tr>
<tr>
<td>Donations</td>
<td></td>
</tr>
<tr>
<td>Other Funding (USG, CAB, etc.)</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td></td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising/Publicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fees - Speakers, Performers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gifts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership Dues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postage</td>
<td></td>
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<tr>
<td>Printing</td>
<td></td>
<td></td>
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<tr>
<td>Prizes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration Fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental Fees - Space</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental Fees - Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
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</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net Income (Loss)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Point Park University

CASHIER DEPOSIT FORM

NOTE: Please complete the form in its entirety. Please type, DO NOT handwrite this form.

Date (MM/DD/YY):
Name of department from: 
Contact name: 
Contact email/phone extension: 
General description of deposit: 

INSTRUCTIONS:

1. Separately list the amounts to be deposited and indicate cash, check, or money order. If checks are to be deposited in the aggregate, please attach an accompanying adding-machine tape.

2. For each amount, please include the applicable 3-digit fund number and 13-digit budget account number. DO NOT enter dashes; it auto-formats.

3. Fill in the description of each amount (Please be specific – include names of persons and other relevant information.

DO NOT use the term "miscellaneous" or simply the name of the G/L account to describe the deposit.)

4. If the amounts represent payments for students from Community Classes, Children's School, Admissions or Housing, please include Student ID #’s.

5. If more space is needed, please use additional sheet(s).

6. Print 2 copies of this form, one for Student Accounts and one for the Depositor signed by each party.

<table>
<thead>
<tr>
<th>Please select:</th>
<th>Check #</th>
<th>Amount</th>
<th>Fund #</th>
<th>Budget Account #</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash, Check, or Money Order</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;select one&gt;</td>
<td>$</td>
<td>-</td>
<td>00-0-0</td>
<td>00000-000-00000</td>
<td></td>
</tr>
<tr>
<td>&lt;select one&gt;</td>
<td>$</td>
<td>-</td>
<td>00-0-0</td>
<td>00000-000-00000</td>
<td></td>
</tr>
<tr>
<td>&lt;select one&gt;</td>
<td>$</td>
<td>-</td>
<td>00-0-0</td>
<td>00000-000-00000</td>
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<td>00-0-0</td>
<td>00000-000-00000</td>
<td></td>
</tr>
<tr>
<td>&lt;select one&gt;</td>
<td>$</td>
<td>-</td>
<td>00-0-0</td>
<td>00000-000-00000</td>
<td></td>
</tr>
<tr>
<td>&lt;select one&gt;</td>
<td>$</td>
<td>-</td>
<td>00-0-0</td>
<td>00000-000-00000</td>
<td></td>
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<tr>
<td>&lt;select one&gt;</td>
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<td>-</td>
<td>00-0-0</td>
<td>00000-000-00000</td>
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<tr>
<td>&lt;select one&gt;</td>
<td>$</td>
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<td>00-0-0</td>
<td>00000-000-00000</td>
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<td>&lt;select one&gt;</td>
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<td>00-0-0</td>
<td>00000-000-00000</td>
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<tr>
<td>&lt;select one&gt;</td>
<td>$</td>
<td>-</td>
<td>00-0-0</td>
<td>00000-000-00000</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student Accounts Signature: ________________________________________

Depositor Signature: ________________________________________

One copy to Student Accounts and one copy to the Depositor
POINT PARK UNIVERSITY

☐ Wire Transfer  ☒ Check Request Form

Bank account other than general operating account ________________________

Note: Checks submitted to Business Office by end of workday Friday will be ready for pickup the following Wednesday morning.

INSTRUCTIONS: This form should be USED for:
(1) REIMBURSEMENT OF SUPPLIES OR EXPENSES (attach appropriate receipts and expense report form);
(2) MISCELLANEOUS PAYMENTS for memberships, subscriptions, registration fees, etc. (attach copies of membership/registration forms, etc.), or
(3) an HONORARIA PAYMENT or FEE FOR PROFESSIONAL SERVICES to a non-employee (a one-time or occasional fee or independent contractor). (Eligibility for independent contractor status is determined by IRS regulations. Questions regarding eligibility should be referred to the Business Office PRIOR to processing.)

Paper clip non-returnable documentations to this form. If check is to be mailed, please paper clip two copies of non-returnable documentation with addressed envelope.

DO NOT use this form for vendor invoices. DO NOT use this form to process payroll to University employees for services/work performed (including all full-time, part-time, temporary, student employees and part-time instructors). Payroll for University employees must be processed with time sheets or other designated payroll authorization forms.

Make Check Payable to: __________________________________________ Amount $: ____________________

Date Needed: __________________________ Please indicate: □ Mail check  OR  □ Hold for pick up. Call ext. __________

Purpose of Check: ____________________________________________________________

If payment is for a PROFESSIONAL FEE OR HONORARIA, complete the following (attach copy of contract or other documentations):

Address: ____________________________________________________________

Social Security No.: ________________________________________________

Description of Services/Work Performed/Reason for Honoraria Payment, Date(s) of Service(s) and Rate of Pay:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

CHARGE TO BUDGET ACCOUNT NUMBER(S)

$ ____________________  $ ____________________  $ ____________________  $ ____________________  $ ____________________

$ ____________________  $ ____________________  $ ____________________  $ ____________________  $ ____________________

$ ____________________  $ ____________________  $ ____________________  $ ____________________  $ ____________________

$ ____________________  $ ____________________  $ ____________________  $ ____________________  $ ____________________

$ ____________________  $ ____________________  $ ____________________  $ ____________________  $ ____________________

$ ____________________  $ ____________________  $ ____________________  $ ____________________  $ ____________________

Originator – Signature and Date __________________________

Department Director – Signature and Date __________________________

Budget Check – Signature and Date __________________________

Date/Check Number __________________________

Pinnacle __________________________

Date __________________________
REQUEST FOR TEMPORARY TRAVELING OR EXPENSE ADVANCE

Charge to Account Number:

Make Check
Payable to: ____________________________________________ Amount of Check: $________

Call: ____________________________________________ Extension: ____________

Date of trip or initial date when expenses will be incurred:

Final date expenses will be incurred:

This check is a temporary advance to be used in connection with a trip to: ________________________________

The University requires that an Expense Report must be filed within thirty (30) days following the date in which expenses were incurred. By requesting and accepting this advance, the recipient authorizes the Payroll Office to deduct the above amount from his/her salary if a satisfactory Expense Report is not submitted within thirty (30) days following the date in which expenses were incurred.

<table>
<thead>
<tr>
<th>Individual Receiving Funds</th>
<th>Date</th>
<th>Department Director</th>
<th>Date</th>
<th>Business Office</th>
<th>Date</th>
</tr>
</thead>
</table>

NOTE: According to IRS regulations and tax code, an expense advance which is not documented and submitted to the business office within sixty (60) days after expenses are incurred may be subject to IRS withholding taxes.

For Business Office only: 00010000125 14010

Audit Check: __________________________ Date: __________________________

Check #: __________________________

Original to Business Office duplicate retained by Originating Department.
**POINT PARK UNIVERSITY**

**HR-2 PERSONNEL/PAYROLL**

**UNIVERSAL AUTHORIZATION FORM**

(Submit form to Human Resources Department)

---

**CHECK:**
- [ ] NEW HIRE
- [ ] PAY ADJUSTMENT
- [ ] REHIRE
- [ ] SALARY OR STATUS CHANGE
- [ ] TERMINATION
- [ ] TITLE/RE-CLASSIFICATION
- [ ] MISC. PAY/STIPEND
- [ ] CHANGE OF SUPERVISOR

---

**EMPLOYMENT INFORMATION** (Complete fully for New Hire)

- **NAME:** ______________________________________________________
- **SS#:** ______________________________________________________
- **BIRTH DATE:** ____________ **HIRE DATE:** ____________
- **ADDRESS:** _________________________________________________
- **SALARY/HOURLY RATE:** ____________
- **CHECK:** [ ] Exempt
- [ ] Non-Exempt
- **TELEPHONE:** _______________________________________________
- **BUDGET CODE:** %Dist ____________
- **BUDGET CODE:** %Dist ____________

---

**POSITION TITLE:** _____________________________________________
**POSITION TYPE (Check all that apply):**
- [ ] Full-Time
- [ ] Part-Time
- [ ] Regular (Perm)
- [ ] Temporary (limited period)
- [ ] Occasional/On Call

**SUPERVISOR:** _________________________________________________

Full-Time Point Park Student (Check): [ ] Yes [ ] No

If less than a 12-month employee, indicate number of months worked:
From (month/year): ____________ to (month/year): ____________

---

**SALARY OR STATUS CHANGES/LEAVES/TERMINATIONS**

**STATUS CHANGE** (Check):
- [ ] Salary/Hourly Rate
- [ ] Job Class/Title
- [ ] Dept./Loc.
- [ ] Hours/Schedule
- [ ] Other

**Change From:** ____________________________________________

**to** ____________________________________________

**Eff. Date:** ____________ **Budget Code:** ____________

**Change From:** ____________________________________________

**to** ____________________________________________

**Eff. Date:** ____________ **Budget Code:** ____________

**Change From:** ____________________________________________

**to** ____________________________________________

**Eff. Date:** ____________ **Budget Code:** ____________

**Explanation:** ____________________________________________

---

**LEAVE OF ABSENCE:**

Leave Date: ____________ **Type of Leave:** ____________

Leave Return Date: ____________

(Medical, Worker's Comp., Unpaid, etc.) Payroll Instructions:

---

**TERMINATION:**

Term. Date: ____________ **Reason:** ____________

Last Day Worked: ____________ **Vacation Days Due:**

---

**MISCELLANEOUS PAY/STIPENDS**

**TYPE OF PAYMENT**

**TOTAL PAYMENT:** ____________ **NO. OF PAYMENTS:** ____________

**AMT. EA. PAYMENT:** ____________

TO BE PAID FROM (month/date): ____________ TO (month/date): ____________

BUDGET CODE: ____________

Reason for Payment:

---

**PAYROLL ADJUSTMENT**

**REASON FOR ADJUSTMENT/INSTRUCTIONS:**

---

Adjust in pay of (date):

---

**AUTHORIZATION**

**SUPERVISOR/MANAGER INITIATING ACTION**

**DATE:** ____________

**HUMAN RESOURCES**

**DATE:** ____________

**DEPARTMENT OR DIVISION SIGNATURE**

**DATE:** ____________

**FINANCE APPROVAL**

**DATE:** ____________

Copies: White & Yellow – Payroll

Pink – Human Resources

Gold – Department or Division

*Combines former HR-2 and HR-3 forms, effective May 2004.*
Student Organization Funds Transfer Request

Purpose: This form is used to request a transfer of funds between a student organization's Point Park University budget account number and another Point Park University budget account number. Note: Funds may only be transferred in order to pay for specific goods or services.

Proof of Purchase: Written documentation of the reason for the transfer must accompany this form, such as an invoice, receipt, etc.

Where to Submit the Form: Submit completed form to the Student Activities Office, 102 Student Center; in cases involving a USG budget account number, submit the completed form to the Office of Student Affairs, 715 Student Center.

Processing Time: Requests are normally processed within 2-3 business days. The treasurer of the requesting student organization will receive email confirmation that the transfer has been completed.

Date of Request Amount of Transfer $______

Student Organization Making the Request ________________________________

Reason for Transfer ________________________________

ACCOUNT INFORMATION & AUTHORIZATION

TRANSFER FROM (Funds will be withdrawn from this budget account number)

Student Organization or Department Name ________________________________

Budget Account #__________________________

Transfer Authorization
(Must be the student organization treasurer or University faculty/staff member with budget authority for the budget account number listed)

NAME ____________________________ SIGNATURE ____________________________ DATE @pointpark.edu

TITLE ____________________________ PHONE NUMBER/EXT. ____________________________ EMAIL ADDRESS

TRANSFER TO (Funds will be deposited into this budget account number)

Student Organization or Department Name: ________________________________

Budget Account #__________________________

Transfer Authorization
(Must be the student organization treasurer or University faculty/staff member with budget authority for the budget account number listed)

NAME ____________________________ SIGNATURE ____________________________ DATE @pointpark.edu

TITLE ____________________________ PHONE NUMBER/EXT. ____________________________ EMAIL ADDRESS

DO NOT WRITE BELOW THIS LINE

Date Form Received __________ Date Request Sent __________ Date Transfer Completed __________ Date Notified __________

Student Activities/Student Affairs Staff Name ____________________________

Rev. 7-1-11
**Point Park University**

**Student Organization Purchase Request**

**Purpose:** This form is used by a student organization that has funds in their University account, and/or has funding from another source such as CAB or USG, and due to the nature of the purchase, needs the assistance of the Student Activities Office or the Office of Student Affairs. Purchases funded by a University department budget should be handled directly through that department according to department guidelines.

**Processing Time:** Allow at least 5 business days for processing of this request. Purchase orders are required on purchases from a single vendor over $1,000; allow an additional 5 business days for purchase order processing. This does not include vendor order processing and shipping time.

**Where to Submit the Form:** Submit completed form to the Student Activities Office, 102 Student Center; in cases involving a USG budget account number, submit the completed form to the Office of Student Affairs, 715 Student Center.

### STUDENT ORGANIZATION INFORMATION

<table>
<thead>
<tr>
<th>Student Organization Name</th>
<th>Date of Request</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Name (Person most knowledgeable about this request)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Phone Number</th>
<th>Email</th>
<th>@pointpark.edu</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for Purchase/Name of Event:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### VENDOR INFORMATION*

(List only one vendor per form; use additional form(s) if more than one vendor)

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone #</th>
<th>Email</th>
<th>Website</th>
<th>☐ University has previously used this vendor (Tax ID # not required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

*The University reserves the right to change the selected vendor if it is in the best interests of the University.

### ITEM(S) TO BE PURCHASED (May also attach written cost estimate or correspondence from vendor if available)

<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>ITEM #</th>
<th>SIZE/COLOR</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>ESTIMATED COST</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SHIPPING/HANDLING</th>
<th>SALES TAX</th>
<th>TOTAL</th>
</tr>
</thead>
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<tr>
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</table>

### BUDGET ACCOUNT INFORMATION & AUTHORIZATION

<table>
<thead>
<tr>
<th>Student Organization Name:</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Budget Account #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Budget Authorization: (Must be the student organization treasurer)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>TITLE</th>
<th>PHONE NUMBER</th>
<th>EMAIL ADDRESS</th>
</tr>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Date Form Received</th>
<th>Date Ordered</th>
<th>Date Order Received</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Student Activities/Student Affairs Staff Name</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Rev. 7-1-11
Student Organization Request For Reimbursement

Purpose: This form is used by a student organization member or advisor who needs reimbursed for a purchase made on behalf of a student organization. This form is not to be used to pay an invoice to a business or pay for services rendered; use a Check Request Form instead.

Purchases From a Single Vendor Over $1,000: Purchases of this nature require a purchase order BEFORE the purchase is made; requests for reimbursement for purchases over $1,000 from a single vendor will be denied.

Where to Submit the Form: Submit the completed form to the student organization treasurer along with proof of purchase documentation.

Proof of Purchase: Acceptable proof of purchase documentation is an original receipt, invoice, email, etc. that includes at least the date of purchase, vendor name, and itemized costs or charges. If the receipt is for a meal purchase at a restaurant or similar establishment, include the names of all persons attending.

Treasurer: Attach this form and accompanying documentation to a completed Check Request Form, and submit to the Student Activities Office, 102 Student Center; in cases involving a USG budget account number, submit the completed form to the Office of Student Affairs, 715 Student Center.

Processing Time: Once this form and accompanying documentation are submitted to the appropriate office by the treasurer, allow 5-10 business days for processing of this request.

PAYEE INFORMATION

Name on the Check ___________________________ Student ID ____________
MUST BE A STUDENT ORGANIZATION MEMBER OR ADVISOR NOT REQD FOR ADVISOR

Phone Number/Ext. ________________________ Email Address _______________ @pointpark.edu

Mailing Address (Required for all requests) ______________________________________________________

City _______________________________ State __________________ Zip __________

Choose One: ☐ Mail check to me ☐ I will pick up check when it’s ready

***If you request to pick up a check, you will be notified via Point Park email when it is available***

***Checks not picked up within 10 days of notification will be mailed to the address above***

PURCHASE INFORMATION

Total Amount of Receipts Attached $ ____________

Name of Student Organization ________________________________________________________________

Name of Event or Reason for Purchase ______________________________________________________

Description of Purchase or Services _________________________________________________________

**REMEMBER TO ATTACH PROOF OF PURCHASE**