

CAL POLY POMONA FOUNDATION, INC.

DISBURSEMENT VOUCHER



VENDOR #: _____

VENDOR NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE #: _____

Select One Box

STUDENT BRONCO ID #: _____

FACULTY / STAFF

OTHER _____

REFERENCE PURCHASE ORDER # CPF: _____

Mark (X) on box

Partial Payment

Full Payment

| Invoice Date | Invoice Number | Benefit to/ Purpose for University/Foundation | Description/Persons Attending (attach a list if more room is needed) | Project Number | Object Number | Amount |
|---|----------------|---|---|-------------------|----------------------------------|--------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Mark (X) on the box if State property. Please fax supporting documents to University Asset Management at 909-869-4113 or email assetmanagement@cpp.edu , so they can tag it. Please use object code 7344 for these type of expenses. | | | | | Sub Total | |
| Out of State Purchases of Tangible Goods | | *Add: Sales Tax @9.50 % (exclusive of freight/handling charges) *Less: Sales Tax paid directly to State Board of Equalization if not included on the invoice. *Use the same \$ amount for the above line. | | | 190010-2302 | |
| Out of State Payment for Services | | *Less: Out of State Tax withholding @7%, if >\$1,500/yr - Submit Form 590 *Less: Foreign Tax withholding for services @ 30% (unless tax treaty) - Submit Form 8233 and W-7 Form | | | 190010-2232 190010-2236 | |
| BRONCO ID #: | | Add to Bronco card (Bronco Bucks), please enter: | | | Less: Add to Bronco Bucks | |
| | | Amount : _____ DATE: _____ | | | 190010-2352 | |
| GRAND TOTAL | | | | | | |

This expenditure benefits the educational mission of the CSU and meets the policy requirements of the Education Code Section 89904.6, Section 9.2 Policy on Expenditure of Funds for CSU Auxiliary Organizations and is in compliance with the University Related Project Agreement. The item(s) above has/have been received and or service(s) has/have been performed to the satisfaction required and if applicable, the items and or services are in compliance with the terms and conditions of the grant and/or contract.

****Two (2) Authorized Signatures required for \$10,000 or over****

PRINT DEPARTMENTAL APPROVAL NAME

DEPARTMENTAL APPROVAL Signature DATE
*President, Vice President, Dean, Principal Investigator or Departmental Approval (or their Designee)

PRINT SECOND DEPARTMENTAL APPROVAL NAME (if applicable)

SECOND DEPARTMENTAL APPROVAL Signature DATE
(if applicable)

PREPARED BY _____ EXTENSION # _____

ENTERPRISES FINANCIAL SERVICES APPROVAL DATE

**Wire transfer must be approved by
Enterprises CFO.**

**If wire transfer is \$10,000 or over, must
also be approved by Enterprises CEO.**

ENTERPRISES CFO APPROVAL DATE
(Wire Transfer)

ENTERPRISES CEO APPROVAL DATE
(Wire Transfer >\$10K)

Please type in the number generated from the link in this box: >>> # _____
(a new browser window will open with the number)

* See Expenditure Policy Grid and refer to required Authorized Signer.