

# Accounting Services & Financial Reporting (ASFR) Forms

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TUESDAY, JANUARY 21, 2025

10:00 AM TO 11:30 AM

VIRTUAL PRESENTATION VIA ZOOM

# Presenters

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## Accounting Services & Financial Reporting (ASFR)

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# Agenda

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1. Introduction
2. ASFR Forms
  - ✓ Chartfield Request Form
  - ✓ Expenditure Transfer Request (ETR)
  - ✓ Request for Invoice (RFI)
  - ✓ Deposit or Reimbursement to University Account
3. Announcements
4. Questions

# ASFR Forms

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[HTTPS://FINANCIALSERVICES.FULLERTON.EDU/CONTROLLER/ASFR/SERVICES-FORMS-POLICIES/](https://financialservices.fullerton.edu/controller/asfr/services-forms-policies/)

# Forms

Find out all of the services that Accounting Services & Financial Reporting provides, along with necessary forms and important policies.

Search:



Showing 8 items

Topics

Reset

Open All

Close All

Forms

Chartfield Request Form

Forms

CSU Chargebacks Template

Forms

Expenditure Transfer Request (ETR)

Forms

Deposit or Reimbursement  
to University Account

Forms

Deposit or Reimbursement  
to University Account (PCD)

Forms

New Trust Account Agreement

Forms

Request for Invoice (RFI)

Forms

Service Provider Agreement

Collections

☒ Forms

☐ Policies

☐ Services

Categories

☐ Employee

**Reminder:** Always download the latest version of the form.

# Chartfield Request Form

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[HTTPS://FINANCIALSERVICES.FULLERTON.EDU/CONTROLLER/ASFR/  
SERVICES-FORMS-POLICIES/?ITEMID=4158-B4F1-D31E68-11](https://financialservices.fullerton.edu/controller/asfr/services-forms-policies/?itemid=4158-B4F1-D31E68-11)

# Chartfield Request Form

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<https://financialservices.fullerton.edu/controller/asfr/services-forms-policies/?itemID=4158-b4f1-d31e68-11>

- Request new chartfield
- Modify, reactivate or inactivate existing chartfield

## **Form:**

<https://afapps.fullerton.edu/AdobeSign/Chartfields.aspx>

**Processing Time:** 2 business days after approval

# Chartfield Request Form (continued)

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## MANAGED BY ASFR:

- **Account**
- **Fund**
- **Program**
- **Project**

Questions? Email  
[asfr@fullerton.edu](mailto:asfr@fullerton.edu).

## MANAGED BY RESOURCE PLANNING AND BUDGET:

- **Department**
- **Class**

Questions? Email  
[budget@fullerton.edu](mailto:budget@fullerton.edu).



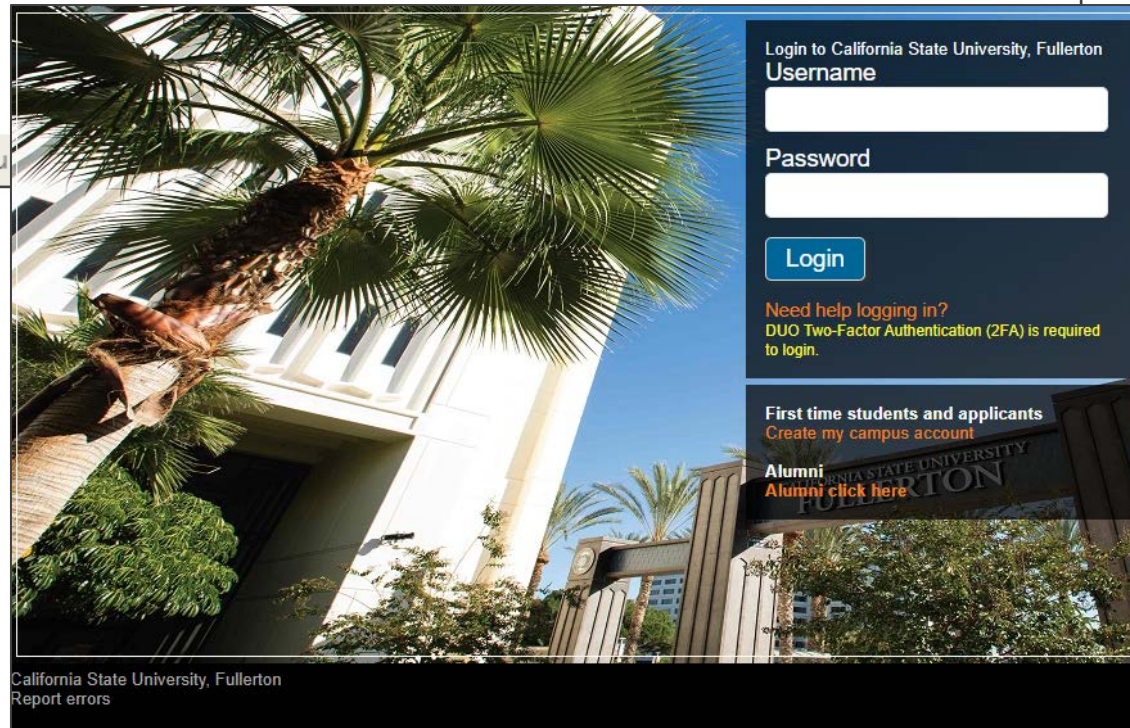
# Chartfield Request Form

Request a new chartfield (i.e., account, fund, department, program, class, project) or modify, reactivate or inactivate an existing chartfield using AdobeSign.

Revised 07/2023.

[Access Chartfield Request Form](#)

Questions: Email [asfr@fullerton.edu](mailto:asfr@fullerton.edu) or [budget@fullerton.edu](mailto:budget@fullerton.edu)



## Accessing Chartfield Request Form

# Chartfields

Login Information

[Log Off](#)

Select action: ☐ Account ☐ Class ☐ Department ☐ Fund ☒ Program ☐ Project

## Signer Information - Program

Requestor

Search

Department/Division Head

Search

Submit Form  
for Signature

# Submission Confirmation

Thank you for submitting the Chartfield Request Form - PROGRAM. If you are the requestor, you should receive an email to your preferred email from Adobe Sign to fill-out and sign the form.

Login Information

[Log Off](#)

# Submitting Chartfield Request Form

## Signature requested on "Chartfield Request Form - PROGRAM"



Chartfields chartfieldsfullerton.edu via Adobe Acrobat  
To

Reply

Reply All

Forward

...

CSUF external service. Use caution and confirm sender.



Powered by  
**Adobe**  
**Acrobat Sign**

Chartfields [chartfields@fullerton.edu](mailto:chartfields@fullerton.edu) requests your  
signature on

**Chartfield Request Form - PROGRAM**

**Review and sign**

After you sign **Chartfield Request Form - PROGRAM**, the agreement will be sent to  
**Lynn Ganac, Raymond Juanico, Lynn Ganac** and [asfr@fullerton.edu](mailto:asfr@fullerton.edu). Then, all parties will be  
notified.

**Don't forward this email:** If you don't want to sign, you can [delegate](#) to someone  
else.

# Submitting Chartfield Request Form (continued)



## ChartField Request Form - Program

Start

1. Select one: ☐ Add ☐ Modify ☐ Inactivate ☐ Reactivate

Indicate value to modify, inactivate or reactivate:

Program (4)

New Program Code (leave blank if not known):

Program (4)

2. Effective Date (07/01/20yy):

3. Short Description (10):

4. Long Description (30):

5. Purpose:

6. Comments:

### Form Approval:

Signature:

Requested by:

Email:

Print Name

Date

Extension

Department

Head:

Signature

Print Name

Date

Extension

☒ By signing, I agree to this document, the [Consumer Disclosure](#) and to utilize electronic signatures.

Click to Sign

# Completing Chartfield Request Form

Completed: "Chartfield Request Form - PROGRAM"



CSU - California State University Fullerton via Adobe A

To

Reply

Reply All

Forward



CSUF external service. Use caution and confirm sender.



Powered by  
**Adobe**  
**Acrobat Sign**



All parties finished

**Chartfield Request Form - PROGRAM**

**Open agreement**

The agreement is completed between:

- CSU - California State University Fullerton
- 
- Raymond Juanico and 2 more

You can **open the final agreement** to review its activity history or download a copy for reference.

# Completing Chartfield Request Form (continued)

# Combination Edits (Quick FYI)

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Please note that you may run into restrictions in which chartfields can be used together.

- **Account-Fund** combos are subject to combination edits that are managed by the Chancellor's Office.
  - Ex. Accreditation Fees 660043 is not allowed with TA002
- **Department-Fund** and **Fund-Program** combos are subject to combination edits that are managed by the campus.
  - Dept-Fund Ex.: 10130-THOPR, 10181-THD01 allowed
  - Fund-Program Ex.: SSFGF-810x, TA002-xxxx required

# Expenditure Transfer Request (ETR)

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# Expenditure Transfer Request (ETR)

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<https://afapps.fullerton.edu/ETR/Login.aspx?ReturnUrl=%2fETR%2f>

## Services

### Expenditure Transfer Request (ETR)

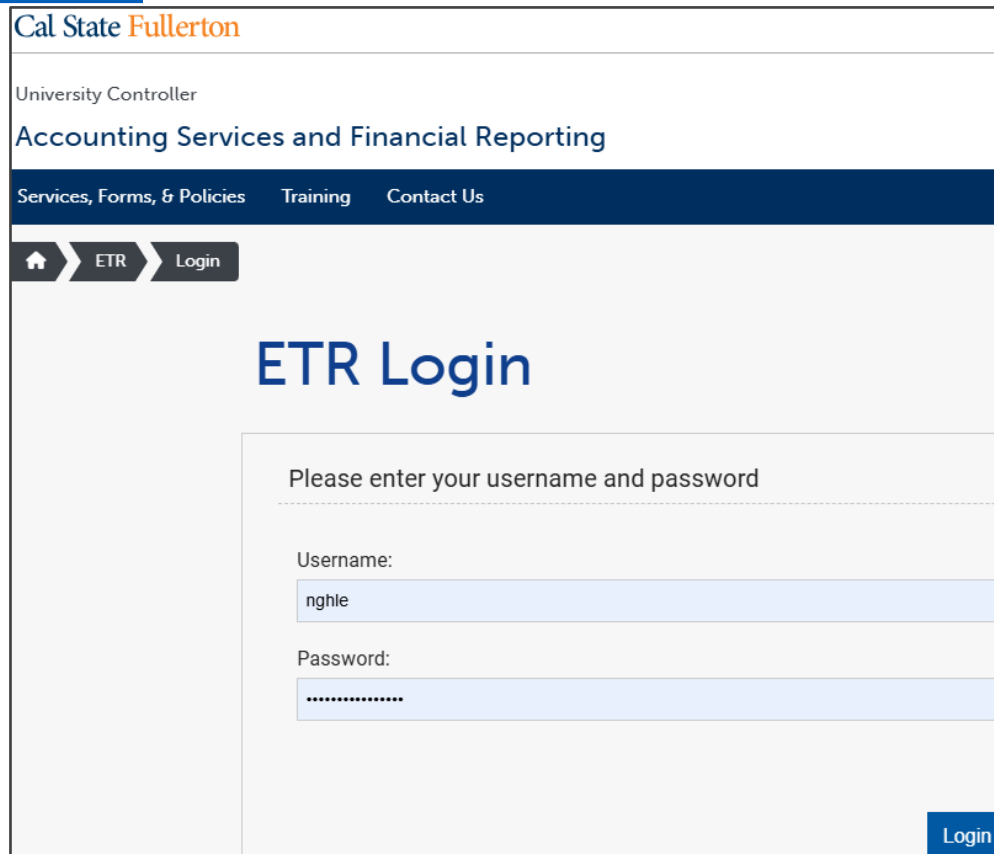
#### Usage

- Correct payment(s) from a purchase order (PO) that was set up with the wrong chartfield(s)  
**NOTE:** If PO has remaining balance, submit a Change Order Request form to [Contracts & Procurement](#). Guidelines for setting up a Change Order via CFS Requisition are available [here](#).
- Correcting keying errors for travel claims or check requests
- Allocate expenses between departments (one department pays for expense and then charges other departments)
- Bill another CSU Fullerton department for facility rental, insurance premium, etc.
- Bill a CSU Fullerton Auxiliary Organization by using 7xxx billable program codes (invoices for billable ETR's are usually generated on the 5th business day of the month)



# ETR App

<https://afapps.fullerton.edu/ETR/Login.aspx?ReturnUrl=%2fETR%2f>



Cal State Fullerton

University Controller

Accounting Services and Financial Reporting

Services, Forms, & Policies Training Contact Us

ETR Login

Please enter your username and password

Username:  
nghle

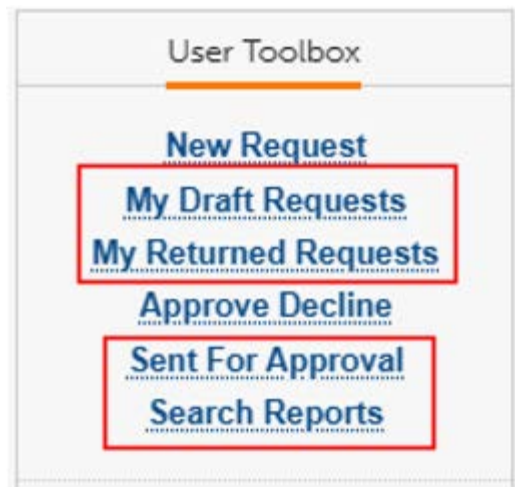
Password:  
\*\*\*\*\*

Login

# ETR App Features

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- Built in workflow that sends emails to Requestor, Approver and ASFR
- On demand inquiry tools

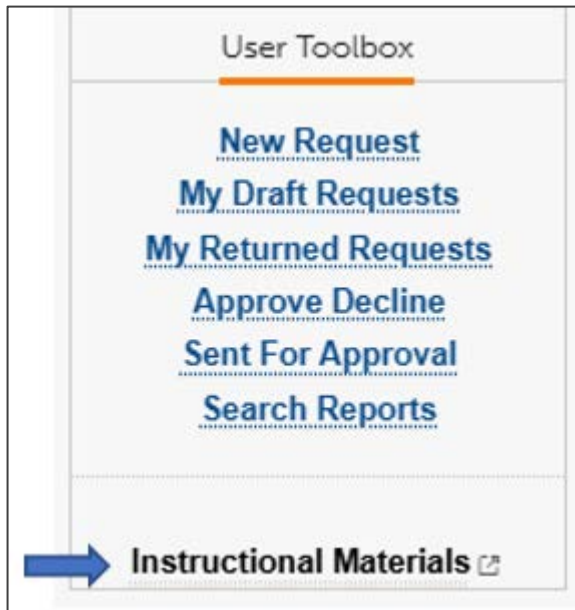


## Search Reports by:

|            |              |
|------------|--------------|
| Request ID | Reference    |
| Doc Src    | Line Desc    |
| Journal ID | Amount       |
| Requestor  | Reason       |
| Status     | Date From/To |
| Chartfield | Type of Date |

# ETR App Instructional Materials

## ETR APP



## ASFR WEBSITE

### Instructional Materials

#### ETR User Guides

- [Logging In](#)
- [ETR Navigation](#)
- [How to Fill Out the ETR Request](#)
- [How to Cancel the ETR Request](#)
- [ETR Rules](#)

#### ETR Approver Guides

- [Logging In](#)
- [Approving and Declining](#)
- [Search Reports](#)

#### ETR Online Courses

- [ETR User Online Training](#)
- [ETR Approver Online Training](#)

<https://financialservices.fullerton.edu/controller/asfr/services-forms-policies/?itemID=4957-a8df-d31e140-3>

## Expenditure Transfer Request (ETR)

CSUF Journal Entry Upload Form

[Download Template](#)

### Requestor Information

### Transfer Information

### Attach Backups

Instructions: This section must be filled out and saved before proceeding to Transfer Information. Complete all required sections.

Requestor's Department\*

10005--Accounting & Financial Rptg ▼

Requestor's Email\*

nghle@fullerton.edu

Requestor's Phone & Ext.\*

657-278-4524

Optional CC Email Addresses: (Seperate by semicolon and no spaces! Id@fullerton.edu;sc@fullerton.edu)

slenguyen@fullerton.edu

Reason for Request\*

To transfer Postage Chargeback from department 10230 to 10078

Approver's Department\*

10005--Accounting & Financial Rptg ▼

Select Approver\*

Lynn Ganac ~ lganac@fullerton.edu ▼

Requestor Signature\*

Nghia Le

Request Date\*

01/13/2025

Requestor Comment:

The charges were accidentally post to the wrong department

Save

Clear Fields

Cancel Request

# ETR App – Requestor Information

Fill out the appropriate chartfield information.

You can also use the Download Template link at the top-right to help upload chartfield information.

It is required to add at least two rows before submission.

Once you complete this section, proceed to the Attach Backups tab.

Balance: Balanced

Total: 0.00

Excel Upload  No file chosen

| Edit |  | Account                                               | Fund                                                | Dept | Program                                               | Class                                                    | Project | Line Desc (30) | Ref (10) | Amount |
|------|--|-------------------------------------------------------|-----------------------------------------------------|------|-------------------------------------------------------|----------------------------------------------------------|---------|----------------|----------|--------|
|      |  | <b>Account</b><br><input type="text" value="Select"/> | <b>Fund</b><br><input type="text" value="Select"/>  |      |                                                       | <b>Department</b><br><input type="text" value="Select"/> |         |                |          |        |
|      |  | <b>Program</b><br><input type="text" value="Select"/> | <b>Class</b><br><input type="text" value="Select"/> |      | <b>Project</b><br><input type="text" value="Select"/> |                                                          |         |                |          |        |
|      |  | <b>Line Description</b><br><input type="text"/>       | <b>Reference (PO)</b><br><input type="text"/>       |      | <b>Amount</b><br><input type="text"/>                 |                                                          |         |                |          |        |

# ETR App – Transfer Information

Requestor Information

Transfer Information

Attach Backups

Valid file types: txt, pdf, doc, docx, csv, xls, xlsx, jpg, png, gif.

Attach at least one back-up document (if applicable, attach OBIEE Actual Details report).

Document  No file chosen

Save File

Cancel Request

# ETR App – Attach Backups



## Expenditure Transfer Request (ETR)

### Pending Your Approval - Approve or Decline

This page is mainly for approvers. In this page, you will see all requests pending your approval, and requests you previously approved.

| <u>Request ID</u> | <u>Requestor</u> | <u>R.Dept.</u> | <u>Reason</u> | <u>Requ. Date</u> | <u>Approver</u> | <u>Status</u> |
|-------------------|------------------|----------------|---------------|-------------------|-----------------|---------------|
|-------------------|------------------|----------------|---------------|-------------------|-----------------|---------------|

# ETR App – Approve / Decline

| Source              | Line Description<br>(Vendor name, Student name,<br>etc.) (30)                     | Reference<br>or Aux Org PO Nos.* (10)                 |
|---------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------|
| AP Voucher          | Vendor Name & Invoice or Purchase Order<br><i>Spinitar Inv 933993 or PO 20197</i> | Journal ID<br><i>APV1433165</i>                       |
| AP Travel (Concur)  | Vendor Name & Expense Descr<br><i>James Jones Per Day Meal</i>                    | Journal ID<br><i>APV1430560</i>                       |
| AP Travel           | Vendor Name & Travel Destination<br><i>Jimmy Smith China</i>                      | TR Number<br><i>TR180290</i>                          |
| PCD Travel (Concur) | PCD Holder Name & Merchant Name<br><i>Jason Williams Marriott</i>                 | Journal ID or Exp ID<br><i>PCD1438285 or EID 9313</i> |
| Chargebacks         | Ln Descr or Reference or Reference 1                                              | Journal ID                                            |
| IFT                 | IFT Descr                                                                         | IFT Number                                            |
| 7xxx Billable       | Vendor Name & Invoice or Journal ID                                               | Purchase Order (for Auxiliary Organizations)          |

# Examples for ETR Line Description and Reference Fields



**Reason for Request:** Reclassify travel expenses paid by p-card for Amy Jones from department 10005 to 10118

**OBIEE Actuals Detail Report**

| Dept ID | Fund  | Account | Acct Descr      | Doc Src | Document ID | Document Date | Journal ID | Journal Date | Ln Number | Ln Descr  | Reference     | Reference 1                                                                                    | Reference 2 | Fiscal Year | Period | Actuals |
|---------|-------|---------|-----------------|---------|-------------|---------------|------------|--------------|-----------|-----------|---------------|------------------------------------------------------------------------------------------------|-------------|-------------|--------|---------|
| 10005   | THEFD | 606001  | Travel-In State | CSU     | CHBK137408  | 7/25/2022     | PCD2002723 | 8/1/2022     | 1627      | AMY JONES | Exp ID: 50518 | MARRIOTT FULLERTON;P-Card Travel May 2022; Lodging; Hotel stay for Commencement 04/27/2022     | AMY JONES   | 2022        | 2      | 596.00  |
| 10005   | THEFD | 606001  | Travel-In State | CSU     | CHBK137408  | 7/25/2022     | PCD2002723 | 8/1/2022     | 1629      | AMY JONES | Exp ID: 50518 | MARRIOTT FULLERTON;P-Card Travel May 2022; Lodging Tax; Hotel stay for Commencement 04/27/2022 | AMY JONES   | 2022        | 2      | 68.25   |

**ETR Section IV (Transfer Information)**

| IV. Transfer Information |       |       |         |       |         |                              |            | Check/Total: | 0.00 | 0.00 |
|--------------------------|-------|-------|---------|-------|---------|------------------------------|------------|--------------|------|------|
| Acct.                    | Fund. | Dpt.  | Program | Class | Project | Line Description             | Reference  | Amount       |      |      |
| 606001                   | THEFD | 10005 | 0       | 0     | 0       | Amy Jones MARRIOTT FULLERTON | PCD2002723 | -596.00      |      |      |
| 606001                   | THEFD | 10118 | 0       | 0     | 0       | Amy Jones MARRIOTT FULLERTON | PCD2002723 | 596.00       |      |      |

# ETR Example# 1 – Reclassify Travel Expense

Reason for Request: Bill Philanthropic Foundation (CSFPF) \$8.86 for FEDEX charges

OBIEE Actuals Detail Report

| Dept ID | Fund  | Account | Doc Src | Document ID | Document Date | Journal ID | Journal Date | Ln Descr | Invoice ID | Vendor / Customer ID | Vendor / Customer Name | Reference | Fiscal Year | Pd | Actuals |
|---------|-------|---------|---------|-------------|---------------|------------|--------------|----------|------------|----------------------|------------------------|-----------|-------------|----|---------|
| 10005   | THEFD | 660001  | VCH     | 231093      | 8/14/2020     | APV1671732 | 8/26/2020    | DP20000  | 709425766  | 33                   | FEDEX                  | 17567     | 2020        | 2  | 8.86    |
| 10005   | THEFD | 660001  | VCH     | 231528      | 9/4/2020      | APV1680353 | 9/16/2020    | DP200000 | 711365276  | 33                   | FEDEX                  | 17623     | 2020        | 3  | 8.86    |
| 10005   | THEFD | 660001  | VCH     | 231815      | 9/18/2020     | APV1686016 | 10/1/2020    | DP200000 | 712616478  | 33                   | FEDEX                  | 17674     | 2020        | 4  | 8.93    |
|         |       |         |         |             |               |            |              |          |            |                      |                        |           |             |    | 26.65   |

ETR Section IV (Transfer Information)

| IV. Transfer Information |       |       |         |       |         |                  |  |  |  | Check/Total: |  | 0.00   | 0.00 |
|--------------------------|-------|-------|---------|-------|---------|------------------|--|--|--|--------------|--|--------|------|
| Acct.                    | Fund. | Dpt.  | Program | Class | Project | Line Description |  |  |  | Reference    |  | Amount |      |
| 660899                   | THEFD | 11244 | 7806    | 0     | 0       | V#231093 FEDEX   |  |  |  | P20-626      |  | 8.86   |      |
| 660001                   | THEFD | 10005 | 0       | 0     | 0       | V#231093 FEDEX   |  |  |  | P20-626      |  | -8.86  |      |

Reminder:  
Department must request Purchase Order (PO) from Auxiliary Organization before submitting ETR

Chartfields to use to bill Auxiliary Organizations (billable goods only)  
ASI: use 660899-THEFD-10021-7xxx  
ASC: use 660899-THEFD-10297-7xxx  
CSFPF: use 660899-THEFD-11244-7xxx

# ETR Example# 2 – Bill Auxiliary Organization

## Reason for Request: Add program code 5459 to H Huynh's travel reimbursement

### OBIEE Actuals Detail Report

| Dept ID | Fund  | Account | Acct Descr      | Doc Src | Document ID | Document Date | Journal ID | Journal Date | Ln Number | Ln Descr | Invoice ID | Vendor / Customer ID | Vendor / Customer Name | Reference | Reference 2 | Fiscal Year | Period | Actuals |
|---------|-------|---------|-----------------|---------|-------------|---------------|------------|--------------|-----------|----------|------------|----------------------|------------------------|-----------|-------------|-------------|--------|---------|
| 10005   | THEFD | 606001  | Travel-In State | VCH     | 261160      | 4/27/2023     | APV2173181 | 6/30/2023    | 1         | Parking  | 55379      | 1216                 | HUYEN HUYNH            | 20875     | EXT         | 2022        | 12     | 20.00   |
| 10005   | THEFD | 606001  | Travel-In State | VCH     | 261160      | 4/27/2023     | APV2173181 | 6/30/2023    | 2         | Parking  | 55379      | 1216                 | HUYEN HUYNH            | 20875     | EXT         | 2022        | 12     | 20.00   |

### ETR Section IV (Transfer Information)

| IV. Transfer Information |       |       |         |       |         |                            |            | Check/Total: | 0.00 | 0.00 |
|--------------------------|-------|-------|---------|-------|---------|----------------------------|------------|--------------|------|------|
| Acct.                    | Fund. | Dpt.  | Program | Class | Project | Line Description           | Reference  | Amount       |      |      |
| 606001                   | THEFD | 10005 | 5459    | 0     | 0       | H Huynh Parking Inv #55379 | APV2173181 | 20.00        |      |      |
| 606001                   | THEFD | 10005 | 5459    | 0     | 0       | H Huynh Parking Inv #55379 | APV2173181 | 20.00        |      |      |
| 606001                   | THEFD | 10005 | 0       | 0     | 0       | H Huynh Parking Inv #55379 | APV2173181 | -20.00       |      |      |
| 606001                   | THEFD | 10005 | 0       | 0     | 0       | H Huynh Parking Inv #55379 | APV2173181 | -20.00       |      |      |

OR

| Acct.  | Fund. | Dpt.  | Program | Class | Project | Line Description           | Reference  | Amount |  |  |  |  |  |  |  |  |
|--------|-------|-------|---------|-------|---------|----------------------------|------------|--------|--|--|--|--|--|--|--|--|
| 606001 | THEFD | 10005 | 5459    | 0     | 0       | H Huynh Parking Inv #55379 | APV2173181 | 20.00  |  |  |  |  |  |  |  |  |
| 606001 | THEFD | 10005 | 0       | 0     | 0       | H Huynh Parking Inv #55379 | APV2173181 | -20.00 |  |  |  |  |  |  |  |  |
| 606001 | THEFD | 10005 | 5459    | 0     | 0       | H Huynh Parking Inv #55379 | APV2173181 | 20.00  |  |  |  |  |  |  |  |  |
| 606001 | THEFD | 10005 | 0       | 0     | 0       | H Huynh Parking Inv #55379 | APV2173181 | -20.00 |  |  |  |  |  |  |  |  |

# ETR Example# 3 – Add program code

**Reason for Request:** Add class code 20002 to IFT 23-0037

**OBIEE Actuals Detail Report**

| Dept ID | Fund  | Account | Acct Descr       | Class | Doc Src | Document ID | Document Date | Journal ID | Journal Date | Ln Number | Ln Descr                   | Reference | Fiscal Year | Period | Actuals  |
|---------|-------|---------|------------------|-------|---------|-------------|---------------|------------|--------------|-----------|----------------------------|-----------|-------------|--------|----------|
| 10005   | THEFD | 660848  | Registration Fee | -     | AEM     | 0002180716  | 7/19/2023     | 2180716    | 7/19/2023    | 1         | JUNE23 EFO/DFO MTG-J HUYNH | IFT230037 | 2023        | 1      | 175.00   |
| 10005   | THEFD | 660848  | Registration Fee | -     | AEM     | 0002212295  | 9/15/2023     | 2212295    | 9/15/2023    | 7         | Leadership Acad: J Ramirez | IFT230287 | 2023        | 3      | 1,000.00 |

**ETR Section IV (Transfer Information)**

| IV. Transfer Information |       |       |         |       |         |                     |            | Check/Total: | 0.00 | 0.00 |
|--------------------------|-------|-------|---------|-------|---------|---------------------|------------|--------------|------|------|
| Acct.                    | Fund. | Dpt.  | Program | Class | Project | Line Description    | Reference  | Amount       |      |      |
| 660848                   | THEFD | 10005 | 0       | 20002 | 0       | IFT 23-0037 J Huynh | 0002180716 | 175.00       |      |      |
| 660848                   | THEFD | 10005 | 0       | 0     | 0       | IFT 23-0037 J Huynh | 0002180716 | -175.00      |      |      |

# ETR Example# 4 – Add class code

# ETR Example# 5 – Reclassifying Prior Year Expense

**Reason for Request:** Move prior year expenses from THEFD to SW001

## OBIEE Actuals Detail Report

| Dept ID | Fund  | Account | Acct Descr       | Doc Src | Document ID | Document Date | Journal ID | Journal Date | Ln Descr                       | Invoice ID | Vendor/Customer Name             | Reference | Reference 1   | Fiscal Year | Period | Actuals |
|---------|-------|---------|------------------|---------|-------------|---------------|------------|--------------|--------------------------------|------------|----------------------------------|-----------|---------------|-------------|--------|---------|
| 10005   | THEFD | 660003  | General Services | VCH     | 00251611    | 3/31/2022     | APV2024246 | 9/28/2022    | 1098T Services including proc  | 2203S1F    | EDUCATIONAL COMPUTER SYSTEMS INC | 19837     | PO 0000025629 | 2022        | 3      | 6.10    |
| 10005   | THEFD | 660003  | General Services | VCH     | 00258499    | 7/1/2022      | APV2128556 | 4/27/2023    | Service Order: Armored Car Tra | 22070551   | SECTRAN SECURITY INC             | 20540     | PO 0000026698 | 2022        | 10     | 740.72  |

## ETR Section IV (Transfer Information)

| IV. Transfer Information |       |       |         |       |         |                                |            |         |  |  |  | Check/Total: | 0.00 | 0.00 |
|--------------------------|-------|-------|---------|-------|---------|--------------------------------|------------|---------|--|--|--|--------------|------|------|
| Acct.                    | Fund. | Dpt.  | Program | Class | Project | Line Description               | Reference  | Amount  |  |  |  |              |      |      |
| 690002                   | SW001 | 10005 | 0       | 0     | 0       | 660003 Educ Computer I#2203S1F | APV2024246 | 6.10    |  |  |  |              |      |      |
| 690002                   | THEFD | 10005 | 0       | 0     | 0       | 660003 Educ Computer I#2203S1F | APV2024246 | -6.10   |  |  |  |              |      |      |
| 690002                   | SW001 | 10005 | 0       | 0     | 0       | 660003 Sectran Sec I#22070551  | APV2128556 | 740.72  |  |  |  |              |      |      |
| 690002                   | THEFD | 10005 | 0       | 0     | 0       | 660003 Sectran Sec I#22070551  | APV2128556 | -740.72 |  |  |  |              |      |      |

Note: Prior year expense adjustments will be posted to account 690002.

# New ETR Requirement for Restricted Funds

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## Summary of Recommendations and Corrective Action

| RECOMMENDATION | RECOMMENDATION                                                                                 |
|----------------|------------------------------------------------------------------------------------------------|
| 4a             | Establish a process to review expense transfer requests for compliance with fund restrictions. |

When transferring expenses to restricted funds such as lottery (TLDxx), student success fee (SSFGF) and IRA (TA002), a copy of the original document (invoice, check request, etc.) must be submitted in addition to OBIEE backup.

**Example:** REQ ID: 1723 - Move honorarium expense for A Smith from THEFD to TA002

# New ETR Requirement for Restricted Funds (continued)

**Example:** REQ ID: 1723 - Move honorarium expense for A Smith from THEFD to TA002

Business Unit = **FLCMP** , Fiscal Year = **2023** , Period = **Period 3 to Period 3**  
Total Number of Records Retrieved = **1**

| Dept ID     | Fund        | Account | Acct Descr  | Program | Class | Project | Doc Src | Document ID | Document Date | Journal ID | Journal Date | Ln Number | Ln Descr | Invoice ID | Vendor/Customer ID | Vendor/Customer Name | Reference  | Reference 1 | Reference 2 | Fiscal Year | Period | Actuals  |
|-------------|-------------|---------|-------------|---------|-------|---------|---------|-------------|---------------|------------|--------------|-----------|----------|------------|--------------------|----------------------|------------|-------------|-------------|-------------|--------|----------|
| 10005       | THEFD       | 660832  | Honorariums | 3232    | -     | -       | VCH     | 00263106    | 8/30/2023     | APV2208186 | 9/15/2023    | 1         | DP230218 | 083023     | 0000021759         | Adam Smith           | 0000021213 | -           | ONL         | 2023        | 3      | 1,250.00 |
|             | THEFD Total |         |             |         |       |         |         |             |               |            |              |           |          |            |                    |                      |            |             |             |             |        | 1,250.00 |
| 10014       | Total       |         |             |         |       |         |         |             |               |            |              |           |          |            |                    |                      |            |             |             |             |        | 1,250.00 |
| Grand Total |             |         |             |         |       |         |         |             |               |            |              |           |          |            |                    |                      |            |             |             |             |        | 1,250.00 |

Honorarium expense was originally paid using THEFD, when submitting ETR to transfer from THEFD to TA002, submit a copy of Invoice 082023 (paid via Check Request to Adam Smith).

ETR will not be processed without a copy of the invoice.



|   | B       | C     | D       | E           | F             | G          | H            | I          | J          | K                    | L                      | M             | N                                                                                                                   | O           | P           | Q  | R       | S |
|---|---------|-------|---------|-------------|---------------|------------|--------------|------------|------------|----------------------|------------------------|---------------|---------------------------------------------------------------------------------------------------------------------|-------------|-------------|----|---------|---|
|   | Dept ID | Fund  | Account | Document ID | Document Date | Journal ID | Journal Date | Ln Descr   | Invoice ID | Vendor / Customer ID | Vendor / Customer Name | Reference     | Reference 1                                                                                                         | Reference 2 | Fiscal Year | Pd | Actuals |   |
| 2 | 10005   | THEFD | 606002  | CHBK133598  | 7/25/2019     | PCD1494801 | 8/1/2019     | LYNN GANAC | -          | -                    | -                      | Exp ID: 24003 | HARD ROCK HOTEL;P-Card Travel May 2019; Lodging Tax; Reconciling P?Card expenses paid for other employee 05/03/2019 | LYNN GANAC  | 2019        | 2  | 4.82    |   |
| 3 | 10005   | THEFD | 606001  | 216743      | 5/16/2019     | APV1476836 | 7/16/2019    | Parking    | 25246      | 6286                 | LYNN GANAC             | 16273         | -                                                                                                                   | -           | 2019        | 1  | 11.00   |   |

|    |                                            |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |
|----|--------------------------------------------|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|
| 7  | Check / Total:                             |  |  |  |  |  |  |  |  |  | 0.00                 |  |  |  |  |  |  |  |
| 8  | Line Description                           |  |  |  |  |  |  |  |  |  | Reference or Aux Ora |  |  |  |  |  |  |  |
| 9  | (Vendor name, Student name, etc.) (30)     |  |  |  |  |  |  |  |  |  | PO Nos. * (10)       |  |  |  |  |  |  |  |
| 10 |                                            |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |
| 11 | Exp ID: 24003 LYNN GAN HARD RO             |  |  |  |  |  |  |  |  |  | PCD1494801           |  |  |  |  |  |  |  |
| 12 | LYNN GANAC 25246 Parking                   |  |  |  |  |  |  |  |  |  | APV1476836           |  |  |  |  |  |  |  |
| 13 |                                            |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |
| 14 | Exp ID: 24003 LYNN GAN HARD ROCK           |  |  |  |  |  |  |  |  |  | PCD1494801           |  |  |  |  |  |  |  |
| 15 | HOTEL;P-Card Travel May 2019; Lodging Tax; |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |
| 16 | Reconciling P?Card expenses paid for other |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |
| 17 | employee 05/03/2019                        |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |
| 18 | LYNN GANAC 25246 Parking                   |  |  |  |  |  |  |  |  |  | APV1476836           |  |  |  |  |  |  |  |

# FORMULAS:

=LEFT(M3&" "&LEFT(I3,8)&" "&N3,30)

=LEFT(L4&" "&J4&" "&I4,30)

=M3&" "&LEFT(I3,8)&" "&N3

=L4&" "&J4&" "&I4

=LEN(B11)

# TEXT LENGTH

30 10

24 10

139 10

24 10

# Excel Tips – Join/Concatenate Formula



|    | A                                                             | B                | C           | D              | E            | F              | G                                                          | H                                            | I        | J  | K      | L      | M      |
|----|---------------------------------------------------------------|------------------|-------------|----------------|--------------|----------------|------------------------------------------------------------|----------------------------------------------|----------|----|--------|--------|--------|
| 1  | How do we move the debits and credits side by side?           |                  |             |                |              |                |                                                            |                                              |          |    |        |        |        |
| 2  | Account<br>(6)                                                | Fund Code<br>(5) | Dept<br>(5) | Program<br>(4) | Class<br>(5) | Project<br>(8) | Line Description<br>(Vendor name, Student name, etc.) (30) | Reference<br>or Aux Org<br>PO Nos. *<br>(10) | Amount   |    | Step 1 | Step 2 | Step 3 |
| 3  | 660003                                                        | THEFD            | 10065       |                |              |                | LINE 1                                                     |                                              | 10.00    | 1  | =1     |        |        |
| 4  | 660003                                                        | THEFD            | 10065       |                |              |                | LINE 2                                                     |                                              | 20.00    | 3  |        | =J3+2  |        |
| 5  | 660003                                                        | THEFD            | 10065       |                |              |                | LINE 3                                                     |                                              | 30.00    | 5  |        | =J4+2  |        |
| 6  | 660003                                                        | THEFD            | 10065       |                |              |                | LINE 4                                                     |                                              | 40.00    | 7  |        | =J5+2  |        |
| 7  | 660003                                                        | THEFD            | 10065       |                |              |                | LINE 5                                                     |                                              | 50.00    | 9  |        | =J6+2  |        |
| 8  | 660003                                                        | THEFD            | 10065       |                |              |                | LINE 6                                                     |                                              | 60.00    | 11 |        | =J7+2  |        |
| 9  | 660003                                                        | THEFD            | 10065       |                |              |                | LINE 7                                                     |                                              | 70.00    | 13 |        | =J8+2  |        |
| 10 | 660003                                                        | THEFD            | 10065       |                |              |                | LINE 8                                                     |                                              | 80.00    | 15 |        | =J9+2  |        |
| 11 | 660003                                                        | THEFD            | 10065       |                |              |                | LINE 9                                                     |                                              | 90.00    | 17 |        | =J10+2 |        |
| 12 | 660003                                                        | THEFD            | 10065       |                |              |                | LINE 10                                                    |                                              | 100.00   | 19 |        | =J11+2 |        |
| 13 | 660003                                                        | THEFD            | 10065       |                |              |                | LINE 11                                                    |                                              | 110.00   | 21 |        | =J12+2 |        |
| 14 | 660003                                                        | THEFD            | 10065       |                |              |                | LINE 12                                                    |                                              | 120.00   | 23 |        | =J13+2 |        |
| 15 | 660003                                                        | THEFD            | 10005       |                |              |                | LINE 1                                                     |                                              | (10.00)  | 2  |        | =J14+2 | =2     |
| 16 | 660003                                                        | THEFD            | 10005       |                |              |                | LINE 2                                                     |                                              | (20.00)  | 4  |        | =J15+2 |        |
| 17 | 660003                                                        | THEFD            | 10005       |                |              |                | LINE 3                                                     |                                              | (30.00)  | 6  |        | =J16+2 |        |
| 18 | 660003                                                        | THEFD            | 10005       |                |              |                | LINE 4                                                     |                                              | (40.00)  | 8  |        | =J17+2 |        |
| 19 | 660003                                                        | THEFD            | 10005       |                |              |                | LINE 5                                                     |                                              | (50.00)  | 10 |        | =J18+2 |        |
| 20 | 660003                                                        | THEFD            | 10005       |                |              |                | LINE 6                                                     |                                              | (60.00)  | 12 |        | =J19+2 |        |
| 21 | 660003                                                        | THEFD            | 10005       |                |              |                | LINE 7                                                     |                                              | (70.00)  | 14 |        | =J20+2 |        |
| 22 | 660003                                                        | THEFD            | 10005       |                |              |                | LINE 8                                                     |                                              | (80.00)  | 16 |        | =J21+2 |        |
| 23 | 660003                                                        | THEFD            | 10005       |                |              |                | LINE 9                                                     |                                              | (90.00)  | 18 |        | =J22+2 |        |
| 24 | 660003                                                        | THEFD            | 10005       |                |              |                | LINE 10                                                    |                                              | (100.00) | 20 |        | =J23+2 |        |
| 25 | 660003                                                        | THEFD            | 10005       |                |              |                | LINE 11                                                    |                                              | (110.00) | 22 |        | =J24+2 |        |
| 26 | 660003                                                        | THEFD            | 10005       |                |              |                | LINE 12                                                    |                                              | (120.00) | 24 |        | =J25+2 |        |
| 27 |                                                               |                  |             |                |              |                |                                                            |                                              |          |    |        |        |        |
| 28 | 1. In Cell J3, type 1                                         |                  |             |                |              |                |                                                            |                                              |          |    |        |        |        |
| 29 | 2. In Cell J4, add formula =J3+2 and copy down until Cell J26 |                  |             |                |              |                |                                                            |                                              |          |    |        |        |        |
| 30 | 3. In Cell J15 where the credit starts, type 2                |                  |             |                |              |                |                                                            |                                              |          |    |        |        |        |
| 31 | 4. Copy Paste Special Values Column J                         |                  |             |                |              |                |                                                            |                                              |          |    |        |        |        |
| 32 | 5. Sort Rows 3 to 26 by Column J                              |                  |             |                |              |                |                                                            |                                              |          |    |        |        |        |

# Excel Tips – Sorting Debit (+) and Credit (-) Lines

|    | A              | B                | C           | D              | E            | F              | G                                                          | H                                            | I        | J  |
|----|----------------|------------------|-------------|----------------|--------------|----------------|------------------------------------------------------------|----------------------------------------------|----------|----|
| 1  | <b>Result</b>  |                  |             |                |              |                |                                                            |                                              |          |    |
| 2  | Account<br>(6) | Fund Code<br>(5) | Dept<br>(5) | Program<br>(4) | Class<br>(5) | Project<br>(8) | Line Description<br>(Vendor name, Student name, etc.) (30) | Reference<br>or Aux Org<br>PO Nos. *<br>(10) | Amount   |    |
| 3  | 660003         | THEFD            | 10065       |                |              |                | LINE 1                                                     |                                              | 10.00    | 1  |
| 4  | 660003         | THEFD            | 10005       |                |              |                | LINE 1                                                     |                                              | (10.00)  | 2  |
| 5  | 660003         | THEFD            | 10065       |                |              |                | LINE 2                                                     |                                              | 20.00    | 3  |
| 6  | 660003         | THEFD            | 10005       |                |              |                | LINE 2                                                     |                                              | (20.00)  | 4  |
| 7  | 660003         | THEFD            | 10065       |                |              |                | LINE 3                                                     |                                              | 30.00    | 5  |
| 8  | 660003         | THEFD            | 10005       |                |              |                | LINE 3                                                     |                                              | (30.00)  | 6  |
| 9  | 660003         | THEFD            | 10065       |                |              |                | LINE 4                                                     |                                              | 40.00    | 7  |
| 10 | 660003         | THEFD            | 10005       |                |              |                | LINE 4                                                     |                                              | (40.00)  | 8  |
| 11 | 660003         | THEFD            | 10065       |                |              |                | LINE 5                                                     |                                              | 50.00    | 9  |
| 12 | 660003         | THEFD            | 10005       |                |              |                | LINE 5                                                     |                                              | (50.00)  | 10 |
| 13 | 660003         | THEFD            | 10065       |                |              |                | LINE 6                                                     |                                              | 60.00    | 11 |
| 14 | 660003         | THEFD            | 10005       |                |              |                | LINE 6                                                     |                                              | (60.00)  | 12 |
| 15 | 660003         | THEFD            | 10065       |                |              |                | LINE 7                                                     |                                              | 70.00    | 13 |
| 16 | 660003         | THEFD            | 10005       |                |              |                | LINE 7                                                     |                                              | (70.00)  | 14 |
| 17 | 660003         | THEFD            | 10065       |                |              |                | LINE 8                                                     |                                              | 80.00    | 15 |
| 18 | 660003         | THEFD            | 10005       |                |              |                | LINE 8                                                     |                                              | (80.00)  | 16 |
| 19 | 660003         | THEFD            | 10065       |                |              |                | LINE 9                                                     |                                              | 90.00    | 17 |
| 20 | 660003         | THEFD            | 10005       |                |              |                | LINE 9                                                     |                                              | (90.00)  | 18 |
| 21 | 660003         | THEFD            | 10065       |                |              |                | LINE 10                                                    |                                              | 100.00   | 19 |
| 22 | 660003         | THEFD            | 10005       |                |              |                | LINE 10                                                    |                                              | (100.00) | 20 |
| 23 | 660003         | THEFD            | 10065       |                |              |                | LINE 11                                                    |                                              | 110.00   | 21 |
| 24 | 660003         | THEFD            | 10005       |                |              |                | LINE 11                                                    |                                              | (110.00) | 22 |
| 25 | 660003         | THEFD            | 10065       |                |              |                | LINE 12                                                    |                                              | 120.00   | 23 |
| 26 | 660003         | THEFD            | 10005       |                |              |                | LINE 12                                                    |                                              | (120.00) | 24 |

# Excel Tips – Sorting Debit (+) and Credit (-) Lines (continued)

# Request for Invoice (RFI)

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# Request For Invoice (RFI) Form

<https://financialservices.fullerton.edu/controller/asfr/services-forms-policies/forms/request-for-invoice.xlsx>

| Division of Administration & Finance   Financial Services & Administrative Systems   Accounting Services & Financial Reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |                                 |                                                                   |                 |             |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------|-------------------------------------------------------------------|-----------------|-------------|-------------|
| REQUEST FOR INVOICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                 |                                                                   |                 |             |             |
| <small>The Request for Invoice Form is an invoice form submitted by CSUF staff to: (1) request reimbursement for an expense that's already been made (abatement) or (2) record accounts receivable/revenue. Note: Auxiliary Organizations billing is posted to revenue account 580095 and fund THERE. Upon receipt of this completed form, Accounting Services will invoice Auxiliary Organizations and other 3rd party organizations on your behalf. Please send the original form to Accounting Services with supporting documentation. Invoice will be mailed by Accounting Services to the customer and an electronic copy will be sent to the requesting department. If you have questions, please contact Accounting Services. Please note that only Accounting Services may invoice or bill on behalf of the University.</small> |                                              |                                 |                                                                   |                 |             |             |
| <b>I. Requester Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                                 |                                                                   |                 |             |             |
| From Dept:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CEP 10357                                    | Contact:                        | Tuffy                                                             | Ext:            | 8181        |             |
| <b>II. Reason for Request</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |                                 |                                                                   |                 |             |             |
| Reimbursement for Digital Print Service (DPS) Chargebacks, Fiscal Year 2023-2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |                                 |                                                                   |                 |             |             |
| <b>III. Authorizing Signature(s)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |                                 |                                                                   |                 |             |             |
| Print/Type Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | John Doe                                     | Authorized Signer of Account(s) | John Doe                                                          |                 | Date        | 01/09/2025  |
| <b>IV. Bill To Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |                                 |                                                                   |                 |             |             |
| Customer ID:<br>(if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              | Name:                           | Auxiliary Services Corporation                                    |                 |             |             |
| <b>For New Customer Only</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                 |                                                                   |                 |             |             |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                 | Contact:                                                          |                 |             |             |
| Address 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                                 | E-mail:                                                           |                 |             |             |
| Address 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                                 | Phone:                                                            | Fax:            |             |             |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | State:                                       | Zip Code:                       |                                                                   |                 |             |             |
| <b>V. Bill Line Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                                 |                                                                   |                 |             |             |
| Invoice Type<br>(select from drop down list)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Expense Type<br>(select from drop down list) | Description<br>(30 characters)  | PO Number<br>(required for ASC, ASI and Philanthropic Foundation) | Amount<br>(USD) |             |             |
| Reimbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Misc: Other                                  | DPS Chargebacks                 | 25AX0101                                                          | \$              | 3,000.00    |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                                 |                                                                   |                 |             |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                                 |                                                                   |                 |             |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                                 |                                                                   |                 |             |             |
| <b>VI. Credit Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |                                 |                                                                   |                 |             |             |
| Account (6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Fund Code (5)                                | Dept (5)                        | Program (4)                                                       | Class (5)       | Project (8) | Amount      |
| 617001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | THEFD                                        | 10357                           |                                                                   |                 |             | \$ 3,000.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                                 |                                                                   |                 |             |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                                 |                                                                   |                 |             |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                                 |                                                                   |                 |             |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                                 |                                                                   |                 |             |             |

# Request for Invoice (RFI) – Usage

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A [Request for Invoice \(RFI\)](#) is an on-demand request to bill auxiliary organizations or external entities (non-student billing).

- For an expense reimbursement that has already been made (abatement).
- To record accounts receivable/revenue (non-student).

**Note:** When an invoice is generated by ASFR, revenue is immediately posted to the department; there is no need to wait for the customer to pay the invoice.

# Request for Invoice (RFI) – Usage (continued)

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A Request for Invoice (RFI) cannot be used:

- To bill another CSUF department
  - Use the [Expenditure Transfer Request \(ETR\) app](#) instead
- To bill another California State University (CSU) or the Chancellor's Office (CO)
  - Initiate an [Interagency Financial Transaction \(IFT\)](#) instead

## Common Types of Transactions

- Invoicing to outside agencies, vendors or individuals for activities or services performed (such as live scan or fingerprinting service, academic advising)
- Invoicing campus auxiliary organizations:
  - Auxiliary Services Corporation (ASC)
  - Associated Students, Inc. (ASI)
  - Cal State Fullerton Philanthropic Foundation (CSFPF)
- University facility rentals (such as Housing room rental, Desert Studies facility usage, Alumni House rental, Baseball field rental, etc.)
- Expense abatements

## Request for Invoice (RFI) – Usage (continued)

# Request for Invoice (RFI) – AR Policy

Only ASFR can generate invoices on behalf of the campus in order to comply with the Chancellor's Office's (CO's) requirements for recording receivables.

|                                                                                   |                                                                                              |                                                                                                                     |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
|  | Origination 12/16/2013<br>Effective 10/4/2023<br>Reviewed 10/4/2023<br>Next Review 10/3/2024 | Owner Kitchell, Jeni:<br>Asst VC F&B<br>Admin/Controller<br>Area Business and<br>Finance<br>Code ICSUAM<br>03130.01 |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

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## Accounts Receivable Management

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### I. Policy

It is the policy of the CSU that each university maintains policies and procedures for the management of their accounts receivable in order to ensure the following:

- Funds are safeguarded to prevent loss of revenue.
- Proper segregation of duties are in place.
- Balances are converted to cash in a timely manner.
- ➔ • Amounts due to the CSU are accounted for and properly recorded as receivables in the general ledger.
- Proper collection procedures are followed and that collection efforts are pursued on debts and accounts receivable balances that are valid and past due.
- Periodic analysis is performed to ensure the proper recording of a provision for uncollectable accounts.
- Debts and accounts receivable balances determined to be uncollectible are written-off in a timely manner with the proper approval.



# Billing Process for Contracts

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Do you have any of the following?

- **Auxiliary Organization operating agreements**
- **Revenue generating contracts**
- **Game guarantees**
- **Memorandum of Understanding (MOU)**



# Billing Process for Contracts

(continued)

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1. Please work with **Contracts & Procurement** as is the usual process for all contracts. Submit a contract request through the **Contract Request Application** page:  
<https://financialservices.fullerton.edu/cp/services-forms-policies/?itemID=4d38-bcae-d31e209-3>

## Set up a Contract

All contracts must meet the CSU's requirements to ensure procurement and contracting activities are in compliance with applicable regulations. To begin the contract request process, follow these steps:

1. Gather all information (i.e. proposal, IT Authorization #) that will assist in the processing of the contract request.
2. Submit the contract request through the [Contract Request Application \(CRA\)](#) .

# Billing Process for Contracts

(continued)

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2. Contracts & Procurement will review and approve / deny your contract request.



3. If your contract request **(a)** has been approved by Contracts & Procurement, **(b)** is financial in nature, and **(c)** has terms outlining payment due to the University, please submit a Request for Invoice (RFI) to ASFR.



# Request for Invoice (RFI) – General Information

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- Processing time: 2 business days
- Invoice numbers always start with ASRxxxxxx
- Payment Terms: Net 30

After the RFI is processed, a PDF copy of the invoice is provided to the requestor via email.

- If the customer is an Auxiliary Organization, the invoice is emailed to them.
- If the customer is an external customer, the invoice is mailed to them.

# RFI Requirements

- Form must be approved by the department that is requesting the RFI. See Delegation of Authority (DOA) for appropriate approver.

| Short Description ▼ Division ▼ Sub-Division/College ▼ Department ID ▼ Operator Name ▼ |                            |                      |               |                  |               |                |          |
|---------------------------------------------------------------------------------------|----------------------------|----------------------|---------------|------------------|---------------|----------------|----------|
| Short Description                                                                     | Division                   | Sub-Division/College | Department ID | Operator Name    | Operator Type | Effective Date | Status▲▼ |
| Check Request                                                                         | Administration and Finance | Financial Services   | 10005         | Au-yeung,Michael | Approver      | 05/01/2023     | Active   |
| Check Request                                                                         | Administration and Finance | Financial Services   | 10005         | Ganac,Lynn A     | Approver      | 01/01/2013     | Active   |
| Requisition/Expense Transfer                                                          | Administration and Finance | Financial Services   | 10005         | Au-yeung,Michael | Approver      | 05/01/2023     | Active   |

- Provide the external customer's address and contact information on the RFI form (**Section IV**).

|            |                      |        |          |                 |       |
|------------|----------------------|--------|----------|-----------------|-------|
| Name:      | America on Track     |        | Contact: | Nick H          |       |
| Address 1: | 300 S Santa Ana Blvd |        | E-mail:  | NickH@gmail.com |       |
| Address 2: |                      |        | Phone:   | 714-222-4444    | Fax:  |
| City:      | Santa Ana            | State: | CA       | Zip Code:       | 92201 |

- When billing a CSUF Auxiliary Organization (ASC, ASI, CSFPF), a Purchase Order (PO) issued from them is required for the RFI.

# RFI Requirements – Supporting Documents

---

## **For Expense Reimbursement (Abatement),**

- Please provide an OBIEE Actuals Detail Report showing the original expense.

## **For Revenue Billing,**

- Please provide contract or agreement outlining the terms of the service and indicating the amount to be billed.

# RFI Example 1: Expense Reimbursement (Abatement)

Reason for request: To bill ASC for DPS Chargebacks

| III. Authorizing Signature(s)                |                                              |                                                 |                                                                   |                        |             |             |
|----------------------------------------------|----------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------|------------------------|-------------|-------------|
| Print/Type Name <u>John Doe</u>              |                                              | Authorized Signer of Account(s) <u>John Doe</u> |                                                                   | Date <u>01/09/2025</u> |             |             |
| IV. Bill To Information                      |                                              |                                                 |                                                                   |                        |             |             |
| Customer ID:<br>(if known)                   |                                              | Name:                                           | Auxiliary Services Corporation                                    |                        |             |             |
| For New Customer Only                        |                                              |                                                 |                                                                   |                        |             |             |
| Name:                                        |                                              |                                                 | Contact:                                                          |                        |             |             |
| Address 1:                                   |                                              |                                                 | E-mail:                                                           |                        |             |             |
| Address 2:                                   |                                              |                                                 | Phone:                                                            |                        | Fax:        |             |
| City:                                        |                                              | State:                                          |                                                                   | Zip Code:              |             |             |
| V. Bill Line Information                     |                                              |                                                 |                                                                   |                        |             |             |
| Invoice Type<br>(select from drop down list) | Expense Type<br>(select from drop down list) | Description<br>(30 characters)                  | PO Number<br>(required for ASC, ASI and Philanthropic Foundation) | Amount<br>(USD)        |             |             |
| Reimbursement                                | Misc: Other                                  | DPS Chargebacks                                 | 25AX0101                                                          | \$ 3,000.00            |             |             |
|                                              |                                              |                                                 |                                                                   |                        |             |             |
|                                              |                                              |                                                 |                                                                   |                        |             |             |
|                                              |                                              |                                                 |                                                                   |                        |             |             |
| VI. Credit Information                       |                                              |                                                 |                                                                   |                        |             |             |
| Account (6)                                  | Fund Code (5)                                | Dept (5)                                        | Program (4)                                                       | Class (5)              | Project (8) | Amount      |
| 617001                                       | THEFD                                        | 10357                                           |                                                                   |                        |             | \$ 3,000.00 |

## OBIEE Actuals Detail Report

| Dept ID | Fund  | Account | Acct Descr                     | Program | Class | Project | Document ID | Journal ID | Journal Date   | Ln Number | Reference  | Reference 1               | Reference 2 | Fiscal Year | Period | Actuals  |
|---------|-------|---------|--------------------------------|---------|-------|---------|-------------|------------|----------------|-----------|------------|---------------------------|-------------|-------------|--------|----------|
| 10357   | THEFD | 617001  | Svcs from Other Funds/Agencies | -       | -     | -       | CHBK138000  | DPS2200009 | 2/29/2024 0:00 | 703       | 1/10/2024_ | Digital Printing Services | -           | 2023        | 8      | 3,000.00 |

When billing Auxiliary Organizations, a Purchase Order (PO) issued from them is required for the RFI.

# RFI Example 2: Revenue

Reason for request: To bill Fresno College for room rental

| III. Authorizing Signature(s)                   |                                                 |                                                 |                                                                      |                 |                        |             |
|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------|-----------------|------------------------|-------------|
| Print/Type Name <u>John Doe</u>                 |                                                 | Authorized Signer of Account(s) <u>John Doe</u> |                                                                      |                 | Date <u>01/09/2025</u> |             |
| IV. Bill To Information                         |                                                 |                                                 |                                                                      |                 |                        |             |
| Customer ID:<br>(if known)                      |                                                 |                                                 | Name:                                                                |                 |                        |             |
| For New Customer Only                           |                                                 |                                                 |                                                                      |                 |                        |             |
| Name:                                           | Fresno City College                             |                                                 |                                                                      | Contact:        | xyz                    |             |
| Address 1:                                      | 1111 Fulton St                                  |                                                 |                                                                      | E-mail:         | xyz@gmail.com          |             |
| Address 2:                                      |                                                 |                                                 |                                                                      | Phone:          |                        | Fax:        |
| City:                                           | Fresno                                          | State:                                          | CA                                                                   | Zip Code:       | 93721                  |             |
| V. Bill Line Information                        |                                                 |                                                 |                                                                      |                 |                        |             |
| Invoice Type<br>(select from<br>drop down list) | Expense Type<br>(select from<br>drop down list) | Description<br>(30 characters)                  | PO Number<br>(required for ASC, ASI and Philanthropic<br>Foundation) | Amount<br>(USD) |                        |             |
| Revenue                                         | Room Rental                                     | 2024 Summer Conference                          |                                                                      | \$ 2,000.00     |                        |             |
|                                                 |                                                 |                                                 |                                                                      |                 |                        |             |
|                                                 |                                                 |                                                 |                                                                      |                 |                        |             |
|                                                 |                                                 |                                                 |                                                                      |                 |                        |             |
| VI. Credit Information                          |                                                 |                                                 |                                                                      |                 |                        |             |
| Account (6)                                     | Fund Code (5)                                   | Dept (5)                                        | Program (4)                                                          | Class (5)       | Project (8)            | Amount      |
| 504802                                          | THOPR                                           | 10388                                           |                                                                      |                 |                        | \$ 2,000.00 |

## Contract / Agreement

| Housing and Residential Engagement                                                                                                                                                              |                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| California State University, Fullerton                                                                                                                                                          |                                                                                                                      |
| 1509 East Campus Drive<br>Fullerton, CA 92834<br>Phone (657) 278-2168 Fax (657) 278-3994                                                                                                        | Date: September 12, 2024<br>Invoice # 24-037                                                                         |
| Official Business Name:<br>Fresno City College<br>Business Address:<br>1111 E University Ave, Fresno<br>CA 9372<br>Fresno, CA 93741<br>Billing Coordinator: xyz<br>(xxx) xxx-xxxx xyz@gmail.com | Contact Name:<br><br>Contact Phone:<br>(xxx) xxx-xxxx<br><br>Designated Signing Authority Name:<br>xyz xyz@gmail.com |
| Description                                                                                                                                                                                     | AMOUNT                                                                                                               |
| Conference Check-in/Check-out: 7/14/24 11:00am - 7/17/24 11:00am (3-Nights)                                                                                                                     |                                                                                                                      |



# Invoice Payment Methods

---

## ➤ Cash

- Collected at Cashier Office
- Do not mail cash !!!

## ➤ Checks / Money Orders / Cashier's Checks

- Make it out to "California State University, Fullerton"
- Send to billing address listed on the invoice

| ----- Please return this portion of invoice with payment -----                                                                                 |                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>Total Amount Due: \$1,000.00</b><br>Please include the following on the payment:<br>Account No.        10003<br>Invoice No.        ASR26608 | <b>Payable to:</b><br>California State University, Fullerton<br>Cashier's Office, GH 180<br>P.O. Box 6808<br>Fullerton, CA 92834-6808 |

## ➤ Credit cards are not accepted

# Outstanding Invoices

---

Once a month, ASFR assesses invoices that are outstanding and reach out to the requestors of those RFI's to notify that the customer has not yet paid.

For invoices billing Auxiliary Organizations, ASFR directly contacts ASC, ASI, or CSFPF with an aging report.

- If additional information is requested or if the invoice is disputed, the requestor / department will be contacted.

# Outstanding Invoices (continued)

---

Brief overview of some of the actions ASFR may exercise regarding outstanding unpaid invoices:

- Mail **Dunning letters** to customers monthly
- Forward to **collections** via Student Business Services (SBS) collections team
- **Reverse invoice** in CFS Finance; department revenue or expense abatement will also be reversed

# Outstanding Invoices – Dunning Letters

When 30 days have passed since an invoice's bill date and it is still outstanding, a Dunning letter is mailed to the customer to notify them.

Until the outstanding invoice is paid in full, the customer will receive a Dunning letter every month.

**Cal State Fullerton.**

Page 1 of 1  
11/30/2024

████████████████████  
████████████████  
██████████  
██████████████

Dear Valued Customer

All or part of your invoice balance is now 30 days past due. Prompt payment will be appreciated.

Account No. █████

| Invoice Number | Line | Balance | Due Date   | Days Late |
|----------------|------|---------|------------|-----------|
| ASR████        | 0    | ████    | 11/22/2024 | 8         |

Total Balance Due: █████

Questions regarding your balance can be directed to Accounting Services and Financial Reporting at [asfr@fullerton.edu](mailto:asfr@fullerton.edu)

**Cal State Fullerton.**

Page 1 of 1  
10/31/2024

████████████████████  
████████████████  
██████████  
██████████████

Dear Valued Customer

As stated on your last letter, all or part of your invoice balance is now 60 days past due. Prompt payment is expected.

Account No. █████

| Invoice Number | Line | Balance | Due Date   | Days Late |
|----------------|------|---------|------------|-----------|
| ASR████        | 0    | ████    | 9/7/2024   | 54        |
| ASR████        | 0    | ████    | 10/10/2024 | 21        |

Total Balance Due: █████

Questions regarding your balance can be directed to Accounting Services and Financial Reporting at [asfr@fullerton.edu](mailto:asfr@fullerton.edu)

## Salary Adjustments

### Current and Prior Year (excluding Faculty Release Time (FRT))

| Scenario (Non-Billable Transactions)    | ETR | PET  |
|-----------------------------------------|-----|------|
| Add/update class code only              | Yes | No   |
| Add/update program code only (non-7xxx) | Yes | No   |
| Department change                       | No  | Yes* |
| Fund change                             | No  | Yes* |

| Scenario (Billable Transactions)                                        | ETR   | PET | RFI |
|-------------------------------------------------------------------------|-------|-----|-----|
| Bill Auxiliary Organization (ASC, ASI or CSFPF) using 7xxx program code | Yes** | No  | No  |
| Bill external entity (no 7xxx program code)                             | No    | No  | Yes |

\* PET will NOT be processed if it will cause an abnormal balance in current year balances (ledger).

\*\* For permanent changes (ex. split funding with Auxiliary Organization, salary posted to the wrong department or fund, etc.), submit a Position Action Form and PET if a portion of wages/benefits were posted to the incorrect chartfield.

#### Note:

1. Prior year salary adjustments processed via ETR will be posted to account 690002.
2. If department or fund is changed as well as class or program being added/updated at the same time, a PET should be submitted since this is affecting department/fund.

**ETR:**  
Expenditure  
Transfer Request

**PET:**  
Payroll Expenditure  
Transfer

**RFI:**  
Request for Invoice

# Salary Adjustments (ETR vs PET vs RFI)

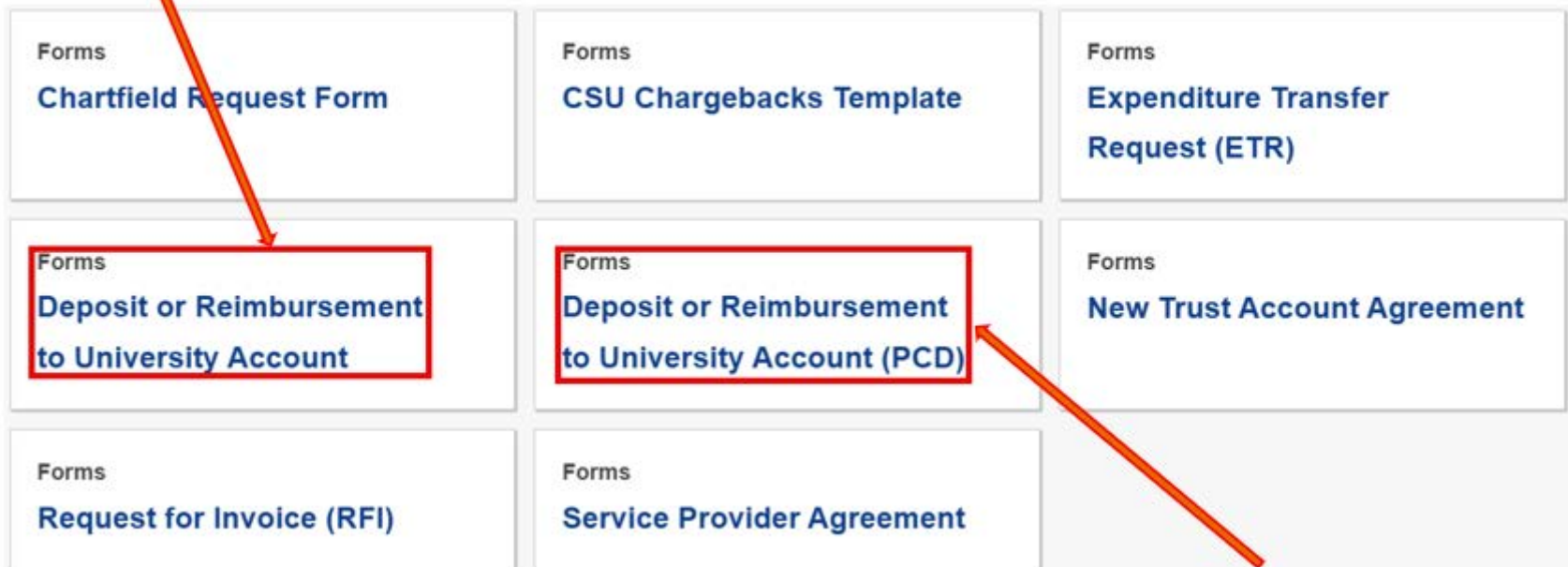
# Deposit or Reimbursement to University Account

---

# Deposit or Reimbursement to University Account Forms

<https://financialservices.fullerton.edu/controller/asfr/services-forms-policies/?itemID=4158-b4f1-d31e140-14>

|                                                         |                                                               |                                             |
|---------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------|
| Forms<br>Chartfield Request Form                        | Forms<br>CSU Chargebacks Template                             | Forms<br>Expenditure Transfer Request (ETR) |
| Forms<br>Deposit or Reimbursement to University Account | Forms<br>Deposit or Reimbursement to University Account (PCD) | Forms<br>New Trust Account Agreement        |
| Forms<br>Request for Invoice (RFI)                      | Forms<br>Service Provider Agreement                           |                                             |



<https://financialservices.fullerton.edu/controller/asfr/services-forms-policies/?itemID=4158-b4f1-d31e165-15>

| <u>Item Code</u> | <u>Description</u>                                                                        | <u>Account</u> | <u>Fund</u> | <u>Dept</u> | <u>Program</u> | <u>Class</u> | <u>Project</u> |
|------------------|-------------------------------------------------------------------------------------------|----------------|-------------|-------------|----------------|--------------|----------------|
| S5092            | Wireless Service                                                                          | 604802         | Required    | Required    | Optional       | Optional     | Optional       |
| S5081            | Travel - In State                                                                         | 606001         | Required    | Required    | Optional       | Optional     | Optional       |
| S5082            | Travel - Out of State                                                                     | 606002         | Required    | Required    | Optional       | Optional     | Optional       |
| S5080            | Travel - International                                                                    | 606802         | Required    | Required    | Optional       | Optional     | Optional       |
| S5055            | Postage and Freight Reimb                                                                 | 660001         | Required    | Required    | Optional       | Optional     | Optional       |
| S7050            | Unreconciled P-Card Expense                                                               | 660898         | Required    | Required    | Optional       | Optional     | Optional       |
| S4000 *          | Various 6xxxxx expense accounts other than 604802, 606001, 606002, 606802, 660001, 660898 | 590093         | THEXT       | Required    | Optional       | Optional     | Optional       |

\* Expenditure Transfer Request Form required to offset 580093-THEXT against original expense

### Important:

Each CASHNet transaction requires an Item Code which associates the payment with a predefined chartfield string (account, fund, department, program, class or project).

# Deposit or Reimbursement to University Account Forms



# Example 1: Deposit or Reimbursement to University Account Form

**Scenario:** PCD was used for a personal meal so employee had to reimburse the university. PCD expense was posted to 660003-TA002-10005-3201 but CASHNET deposit was posted to 580093-THEXT-10005-3201. ETR is required.

| OBIEE ACTUALS DETAIL |         |       |       |         |       |         |                 |            |            |            |            |
|----------------------|---------|-------|-------|---------|-------|---------|-----------------|------------|------------|------------|------------|
| Unit                 | Account | Fund  | Dept  | Program | Class | Project | Document Source | Doc ID     | Date       | Journal ID | Date       |
| FLCMP                | 660003  | TA002 | 10005 | 3201    |       |         | CSU             | CHBK141131 | 11/25/2024 | PCD2461797 | 12/1/2024  |
| FLCMP                | 580093  | THEXT | 10005 | 3201    |       |         | CSU             | CR65441120 | 11/20/2024 | CRS2444148 | 11/20/2024 |

| Doc Line Descr | CSU Ref 1            | CSU Ref 2                 | Year | Period | Amount  |
|----------------|----------------------|---------------------------|------|--------|---------|
| MIRANDA BAILEY | FULLERTON IC SUA 534 | ISTANBUL CAFE; 10/30/2024 | 2024 | 6      | 25.39   |
| MISC           | S4000                | 08891404                  | 2024 | 5      | (11.45) |

| CASHNET DEPOSIT |             |         |                              |         |       |         |         |             |               |            |              |           |          |           |             |                   |             |        |         |
|-----------------|-------------|---------|------------------------------|---------|-------|---------|---------|-------------|---------------|------------|--------------|-----------|----------|-----------|-------------|-------------------|-------------|--------|---------|
| Dept ID         | Fund        | Account | Acct Descr                   | Program | Class | Project | Doc Src | Document ID | Document Date | Journal ID | Journal Date | Ln Number | Ln Descr | Reference | Reference 1 | Reference 2       | Fiscal Year | Period | Actuals |
| 10005           | THEXT       | 580093  | Other Non-operating Revenues | 3201    | -     | -       | CSU     | CR65441120  | 11/20/2024    | CRS2444148 | 11/20/2024   | 93        | MISC     | S4000     | 08891404    | COMM/DISALLOWED P | 2024        | 5      | (11.45) |
|                 | THEXT Total |         |                              |         |       |         |         |             |               |            |              |           |          |           |             |                   |             |        | (11.45) |

ETR TO OFFSET 580093-THEXT-10005 AGAINST 660003-TA002-10005-3201

| IV. Transfer Information |       |       |         |       |         |                                  |            |        |  | Check/Total: | 0.00 | 0.00 |
|--------------------------|-------|-------|---------|-------|---------|----------------------------------|------------|--------|--|--------------|------|------|
| Acct.                    | Fund. | Dpt.  | Program | Class | Project | Line Description                 | Reference  | Amount |  |              |      |      |
| 660003                   | TA002 | 10005 | 3201    |       |         | Disallowed-M Bailey-Instant Card | CRS2444148 | -11.45 |  |              |      |      |
| 580093                   | THEXT | 10005 | 3201    |       |         | Disallowed-M Bailey-Instant Card | CRS2444148 | 11.45  |  |              |      |      |

| V. Comments             |            |                                                                                                                               |
|-------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------|
| slenguyen@fullerton.edu | 12/19/2024 | ASFR: ASN: Updated the account from 606002 to 660003 because the original expense was posted to account 660003 (Instant Card) |

Division of Administration & Finance | Financial Services & Administrative Systems | Accounting Services & Financial Reporting

CSUF

Division of Administration & Finance

MACRO: Deposit Form

MACRO: Create ETR

To: CSUF Cashier's Office (UH-180)

Deposit Or Reimbursement To University Account

NOTE: If you received a university invoice (ASRxxxx) DO NOT use this form; take the invoice to the Cashier's Office with your payment.

The Deposit to University Account form is submitted by departments to record revenue (non-student fees). Attach any supporting documentation deemed relevant to the transaction. To request a new CASHNet Item Code, contact the Cashier's Office. NOTE: Effective May 23, 2003, credit cards are no longer accepted as a form of payment at the Cashier's Office.

I. Requester Information

From Dept:

Accounting Services & Financial Reporting

Contact:

Estrella Mangahas

Ext:

5386

II. Reason for Deposit or Reimbursement (To select (v) Reason for Reimb or Deposit, click the yellow drop down option below and choose or type "I")

a. Travel Advance / Other

Other (Enter explanation here):

reimburse personal meal charged to state PCD

Travel Advance (SS078 = 107001-DVPRF)

b. Vendor Refund / PCD Reimbursement (click PCD Macro to go to the NEW form)

Vendor refund (S4000/FUND)

Invoice #:

Purchase Order #:

MACRO: PCD

University reimbursement for personal expenditure charged to a PCD - Procurement Card (Click Macro to launch NEW form)

S5062 = 604001-FUND (Telephone Usage)

S5080 = 606802-FUND (Travel-International)

S4000/FUND = any other 6xxxx account (eg. 660003)

S5092 = 604802-FUND (Wireless Service)

S5081 = 606001-FUND (Travel-In State)

To post to the correct expense account, submit ETR; Charge 660003 / Credit 6xxxx (original expense account); see ETR instructions below

S5055 = 660001-FUND (Postage and Freight)

S5082 = 606002-FUND (Travel-Out of State)

Instructions for Deposit Form:

Complete to: (a) automatically identify CASHNet Item Code to use in Section IV and (b) auto-fill Expenditure Transfer Request (ETR) form

Instructions for ETR Form:

(a) To be used for CASHNet Item Codes S4000 only; (b) click "Create ETR" macro button to go to the ETR worksheet; (c) validate ETR data; and (d) follow same procedures when submitting an ETR

Enter chartfield to reimburse

Account:

660003

Fund:

TA002

For ETR: Co... e-mail address(es):

(separate by " ; " semi-colon)

III. Deposit Information (To select (v) Form of Payment, click the yellow drop down option below and choose or type "I")

Form of Payment:

Cash \$ -

Check \$ 11.45

Total Deposit:

\$ 11.45

Cashier's Office use only: Cashier's Endorsement

Check Information

Check Number:

1234

Check Date:

11/20/2024

Received From:

Miranda Bailey

Check Memo / Desc:

personal meal

IV. Chart Field Information (If CASH Net Item Code is not known, use "S4000" (account default is 580093 (Other Non-operating Revenues)). Fund and Dept MUST be provided.

CASH Net Item Code

REQUIRED

See Tab = " CASH Net Item Codes" for list of valid item codes. Once an item code is entered, the section below is populated. REQUIRED = enter chartfield; OPTIONAL = discretionary; N/A = no value

Account (6)

Fund (5)

Dept (5)

Program (4)

Class (5)

Project (8)

Deposit Amount

S4000

580093

THEXT

10005

3201

optional

optional

\$ 11.45

#N/A

#N/A

#N/A

#N/A

#N/A

#N/A

#N/A

\$ -

#N/A

#N/A

#N/A

#N/A

#N/A

#N/A

#N/A

\$ -

#N/A

#N/A

#N/A

#N/A

#N/A

#N/A

#N/A

\$ -

OK: Total Amount = Total Deposit

Total Amount:

\$ 11.45

# Example 1: Deposit Form

CSUF

DIVISION OF

Administration and Finance

58

## Expenditure Transfer Request (ETR) CSUF Journal Entry Upload Form

**INSTRUCTIONS:** (1) Complete sections I to IV; (2) Click "Data Validation" macro; (3) **OPTIONAL:** Save a copy of the Excel file for your records; (4) Click "E-mail" macro to send form via e-mail to DL-Accounting\_Services; and (5) Send signed original form with back-up to CP-300 via inter-office mail (if applicable, attach OBIEE Actuals Detail report).

\* If billing an auxiliary organization (use of program code 7xxx), a purchase order (PO) is required. To obtain a PO, please contact:

Auxiliary Services (CSUFASC) @ ext 4145

Philanthropic Foundation (CSFPF) @ ext 4420

Associated Students (ASI) @ ext 2406

**IMPORTANT:** Please contact Budget Planning and Administration ([Budget@fullerton.edu](mailto:Budget@fullerton.edu)) for ALL salary related adjustments (accounts 601xxx, 602xxx or 603xxx)

|                                                                                                       |                                                                                                                    |                                                                                                                                        |                                                                                                                       |                                                                                                                          |                                                                                                                                 |                                                                                                                                |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>Step 1</b>                                                                                         | <b>Step 2 (click to run macro)</b>                                                                                 | <b>Step 3</b>                                                                                                                          | <b>Step 4 (click to run macro)</b>                                                                                    | <b>Step 5</b>                                                                                                            | <b>(macro DISABLED)</b>                                                                                                         | <b>(click to run macro)</b>                                                                                                    |
| <br><b>Data Entry</b> | <br><b>MACRO: Data Validation</b> | <br><b>Save As (F12)</b><br><b>Save As (OPTIONAL)</b> | <br><b>MACRO: Email file to ASFR</b> | <br><b>Interoffice mail to CP-300</b> | <br><b>MACRO: Clear Data (Section II...)</b> | <br><b>MACRO: View File (ASFR use only)</b> |

### I. Requestor Information

|                                                                               |                                        |                 |                   |             |      |
|-------------------------------------------------------------------------------|----------------------------------------|-----------------|-------------------|-------------|------|
| <b>From Department:</b>                                                       | Accounting Services & Financial Report | <b>Contact:</b> | Estrella Mangahas | <b>Ext:</b> | 5386 |
| <b>OPTIONAL:</b> Cc... e-mail address(es) 0<br>(separate by " ; " semi-colon) |                                        |                 |                   |             |      |

### II. Reason for Request

Offset CASHNet deposit with reimbursement ~ Miranda Bailey ~ personal meal

### V. Data Validation Completed? (No: email macro disabled)

1

### III. Authorizing Signature(s) (must be setup as a REQ approver)

Reviewed By: (ASFR use only)

Print / Type Name: \_\_\_\_\_ Authorized Signer of Account(s) \_\_\_\_\_ Date \_\_\_\_\_

### IV. Transfer Information

|             |               |          |             |           |             | Check / Total:                                          | 0.00                                | 0.00    |
|-------------|---------------|----------|-------------|-----------|-------------|---------------------------------------------------------|-------------------------------------|---------|
| Account (6) | Fund Code (5) | Dept (5) | Program (4) | Class (5) | Project (8) | Line Description (Vendor name, Student name, etc.) (30) | Reference or Aux Org PO Nos. * (10) | Amount  |
| 660003      | TA002         | 10005    | 3201        |           |             | CN Dep/Reimb~personal meal                              | Miranda Bailey                      | (11.45) |
| 580093      | THEXT         | 10005    | 3201        |           |             | CN Dep/Reimb~personal meal                              | Miranda Bailey                      | 11.45   |
|             |               |          |             |           |             |                                                         |                                     |         |

# Example 1: Macro – Create ETR

# Example 2: Deposit or Reimbursement to University Account Form (PCD)

**Scenario:** PCD was used for personal office supplies so employee had to reimburse the university. PCD expense and CASHNET deposit were posted to 660898-THEFD-10005.

## OBIEE ACTUALS DETAIL

| Dept ID | Fund  | Account | Program | Class | Project | Doc Src | Document ID | Document Date | Journal ID | Journal Date |
|---------|-------|---------|---------|-------|---------|---------|-------------|---------------|------------|--------------|
| 10005   | THEFD | 660898  | -       | -     | -       | CSU     | CHBK140118  | 4/25/2024     | PCD2335672 | 5/1/2024     |
| 10005   | THEFD | 660898  | -       | -     | -       | CSU     | CR63290124  | 1/24/2024     | CRS2271964 | 1/24/2024    |

| Reference     | Reference 1                                                                                        | Reference 2  | Fiscal Year | Period | Actuals |
|---------------|----------------------------------------------------------------------------------------------------|--------------|-------------|--------|---------|
| Exp ID: 58434 | AMAZON MUSIC*YV04S40S3;Nov 2023 P-Card; (660898)<br>Disallowed Expense; Office Supplies 11/23/2023 | HARRY POTTER | 2023        | 11     | 10.99   |
| S7050         | 8735433                                                                                            | ASFR         | 2023        | 7      | (10.99) |



## Deposit Or Reimbursement To University Account

### Procurement Card Reimbursement (PCD) Only

**Reimbursing the University for Disallowed Purchases:** All disallowed expenditures must be reimbursed to the University within 30 days of purchase.  
**INSTRUCTIONS:** (1) Complete Deposit Or Reimbursement To University Account (Procurement Card Reimbursement (PCD) Only) and submit to CSUF Cashier's Office (UH-180); (2) Cashier's Office issues receipt; and (3) Attach receipt to the reconciled Procurement Card statement. If the statement has already been submitted, forward the receipt along with the cardholder information (name, statement month, Procurement Card number) to the Procurement Card Program in CP-300.

**IMPORTANT:** Remember to use account 660898 when reconciling P-card activity through Access Online or Concur for disallowed expenditures only.

**Questions?** Send an email to: [ebusiness@fullerton.edu](mailto:ebusiness@fullerton.edu)

| I. Requester Information                                                                                                    |                                                       |          |          |                                           |                                          |                   |                |                 |          |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------|----------|-------------------------------------------|------------------------------------------|-------------------|----------------|-----------------|----------|
| From Dept:                                                                                                                  | Accounting Services & Financial Reporting             |          |          |                                           | Contact:                                 | Estrella Mangahas |                | Ext:            | 5386     |
| II. Reason for Deposit or Reimbursement (PCD Reimbursement)                                                                 |                                                       |          |          |                                           |                                          |                   |                |                 |          |
| Cardholder Name:                                                                                                            | Harry Potter                                          |          |          |                                           | Travel Number:                           |                   |                | Statement Date: | 11/27/23 |
| Vendor(s)/Merchant Name(s):                                                                                                 | Amazon Music                                          |          |          |                                           | Original Charge: (as shown on Statement) |                   |                | \$              | 10.99    |
| III. Deposit Information (To select ( \ ) Form of Payment, click the yellow drop down option below and choose or type "1" ) |                                                       |          |          |                                           |                                          |                   |                |                 |          |
| Form of Payment:                                                                                                            | <input type="checkbox"/> Cash                         | \$       | -        | <input checked="" type="checkbox"/> Check | \$                                       | 10.99             | Total Deposit: | \$              | 10.99    |
|                                                                                                                             | <input type="checkbox"/> Other (please specify) _____ |          |          |                                           |                                          |                   |                |                 |          |
| Check Information                                                                                                           |                                                       |          |          |                                           |                                          |                   |                |                 |          |
| Check Number:                                                                                                               | 2933                                                  |          |          | Check Date:                               | 1/24/2024                                |                   | Received From: | Harry Potter    |          |
| Check Memo / Desc:                                                                                                          | reimburse personal expense charged to state Pcard     |          |          |                                           |                                          |                   |                |                 |          |
| IV. Chart Field Information                                                                                                 |                                                       |          |          |                                           |                                          |                   |                |                 |          |
| DEFAULT                                                                                                                     |                                                       | REQUIRED |          | OPTIONAL                                  |                                          |                   | Deposit Amount |                 |          |
| CASHNet Item Code                                                                                                           | Account (6)                                           | Fund (5) | Dept (5) | Program (4)                               | Class (5)                                | Project (8)       |                |                 |          |
| \$7050                                                                                                                      | 660898                                                | THEFD    | 10005    |                                           |                                          |                   | \$ 10.99       |                 |          |
| \$7050                                                                                                                      | 660898                                                |          |          |                                           |                                          |                   | \$ -           |                 |          |
| \$7050                                                                                                                      | 660898                                                |          |          |                                           |                                          |                   | \$ -           |                 |          |
| \$7050                                                                                                                      | 660898                                                |          |          |                                           |                                          |                   | \$ -           |                 |          |
| \$7050                                                                                                                      | 660898                                                |          |          |                                           |                                          |                   | \$ -           |                 |          |
| \$7050                                                                                                                      | 660898                                                |          |          |                                           |                                          |                   | \$ -           |                 |          |
| \$7050                                                                                                                      | 660898                                                |          |          |                                           |                                          |                   | \$ -           |                 |          |
| OK: Total Amount = Total Deposit                                                                                            |                                                       |          |          |                                           |                                          | Total Amount:     | \$             | 10.99           |          |

**Cashier's Office use only:**  
 Cashier's Endorsement

# Example 2: Deposit Form

# Example 3: PCD Deposit Form Used to Reimburse PCD

**Scenario:** \$5.20 airline fee is not a qualified business expense so employee had to reimburse the university. PCD expense and CASHNET deposit were posted to 606002-THEFD-10005.

| Dept ID | Fund  | Account | Program | Class | Project | Doc Src | Document ID | Document Date | Journal ID | Journal Date | Reference     |
|---------|-------|---------|---------|-------|---------|---------|-------------|---------------|------------|--------------|---------------|
| 10005   | THEFD | 606002  | -       | 20020 | -       | CSU     | CHBK138177  | 1/25/2023     | PCD2094128 | 2/1/2023     | Exp ID: 51922 |
| 10005   | THEFD | 606002  |         | 20020 |         | CRS     | CR60610113  | 1/13/2023     | CRS2075534 | 1/16/2023    | S5082         |

| Reference 1                                                       | Reference 2 | Fiscal Year | Period | Actuals |
|-------------------------------------------------------------------|-------------|-------------|--------|---------|
| SOUTHWES 5262172042623;Oct 2022 Las Vegas NV; Airfare; 10/03/2022 | JOHN DOE    | 2022        | 8      | 207.98  |
| STUDENT HEALTH AND                                                | 08511536    | 2022        | 7      | (5.20)  |



Division of Administration & Finance | Financial Services & Administrative Systems | Accounting Services & Financial Reporting

MACRO:

MACRO:

To: CSUF Cashier's Office (UH-180)

Deposit Or Reimbursement To University Account

NOTE: If you received a university invoice (ASRxxxxx) DO NOT use this form; take the invoice to the Cashier's Office with your payment.

The Deposit to University Account form is submitted by departments to record revenue (non-student fees). Attach any supporting documentation deemed relevant to the transaction. To request a new CASHNet Item Code, contact the Cashier's Office. NOTE: Effective May 23, 2003, credit cards are no longer accepted as a form of payment at the Cashier's Office.

I. Requester Information

From Dept:

Accounting Services & Financial Reporting

Contact:

Estrella Mangahas

Ext:

5386

II. Reason for Deposit or Reimbursement (To select ( ) Reason for Reimb or Deposit, click the yellow drop down option below and choose or type "1")

a. Travel Advance / Other

Other (Enter explanation here):

reimburse airline fee

Travel Advance (\$5078 = 107001-DVPRF)

b. Vendor Refund / PCD Reimbursement (click PCD Macro to go to the NEW form)

Vendor refund (\$4000/FUND)

Invoice #:

Purchase Order #:

MACRO: PCD

University reimbursement for personal expenditure charged to a PCD - Procurement Card (Click Macro to launch NEW form)

\$5062 = 604001-FUND (Telephone Usage)

\$5080 = 606802-FUND (Travel-International)

\$4000/FUND = any other 6xxxxx account (eg. 660003)

\$5092 = 604802-FUND (Wireless Service)

\$5081 = 606001-FUND (Travel-In State)

To post to the correct expense account, submit ETR; Charge 580093 / Credit 6xxxxx (original expense account); see ETR instructions below

\$5095 = 660001-FUND (Postage and Freight)

\$5082 = 606002-FUND (Travel-Out of State)

Instructions for Deposit Form: Complete to: (a) automatically identify CASHNet Item Code to use in Section IV and (b) auto-fill Expenditure Transfer Request (ETR) form

Instructions for ETR Form: (a) To be used for CASHNet Item Codes \$4000 only; (b) click "Create ETR" macro button to go to the ETR worksheet; (c) validate ETR data; and (d) follow same procedures when submitting an ETR

Enter chartfield to reimburse

Account:

Fund:

For ETR: Co... e-mail address(es):

(separate by "-" semi-colon)

III. Deposit Information (To select ( ) Form of Payment, click the yellow drop down option below and choose or type "1")

Form of Payment:

Cash \$ -

Check \$ 5.20

Total Deposit: \$ 5.20

Cashier's Office use only: Cashier's Endorsement

Check Information

Check Number:

1234

Check Date:

1/13/2023

Received From:

John Doe

Check Memo / Desc:

airline fee

IV. Chart Field Information (If CASH Net Item Code is not known, use "S4000" (account default is 580093 (Other Non-operating Revenues)). Fund and Dept MUST be provided.

See Tab = " CASH Net Item Codes" for list of valid item codes. Once an item code is entered, the section below is populated. REQUIRED = enter chartfield; OPTIONAL = discretionary; N/A = no value

| CASH Net Item Code<br>REQUIRED<br>(select from drop-down) | Account (6) | Fund (5) | Dept (5) | Program (4) | Class (5) | Project (8) | Deposit Amount |
|-----------------------------------------------------------|-------------|----------|----------|-------------|-----------|-------------|----------------|
| \$5082                                                    | 606002      | THEFD    | 10005    | optional    | 20020     | optional    | \$ 5.20        |
|                                                           | #N/A        | #N/A     | #N/A     | #N/A        | #N/A      | #N/A        | \$ -           |
|                                                           | #N/A        | #N/A     | #N/A     | #N/A        | #N/A      | #N/A        | \$ -           |
|                                                           | #N/A        | #N/A     | #N/A     | #N/A        | #N/A      | #N/A        | \$ -           |

OK: Total Amount = Total Deposit

Total Amount: \$ 5.20

# Example 3: Deposit Form

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# Study Abroad Programs

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For new study abroad programs, work with ASFR to establish the following:

- **Liability Account**
  - Ex. 250890 (Uncl-HUSR465:Heredia CostaRica)
  
- **CASHNet Item Code**
  - Ex. S2380 (HUSR465 Heredia Costa Rica Study Abroad 250890-THEXT)
  
- **Deposit Form**



|                                                                                                                                                                                                                                                                                             |                                                        |                                                                             |                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------|
|  <b>CALIFORNIA STATE UNIVERSITY, FULLERTON</b><br>Administration and Finance<br>Payroll/Univ. ID<br>P.O. Box 6868, Fullerton, CA 92634                                                                    |                                                        |                                                                             |                                                    |
| <b>DEPOSIT TO UNIVERSITY ACCOUNT</b>                                                                                                                                                                                                                                                        |                                                        |                                                                             |                                                    |
| Date: _____                                                                                                                                                                                                                                                                                 |                                                        |                                                                             |                                                    |
| Department: <u>Human Services</u>                                                                                                                                                                                                                                                           | Contact: <u>Samona Perez</u><br>Extension: <u>2072</u> |                                                                             |                                                    |
| To: CSUF Cashier                                                                                                                                                                                                                                                                            |                                                        |                                                                             |                                                    |
| Student Name: _____                                                                                                                                                                                                                                                                         |                                                        |                                                                             |                                                    |
| CUID: _____                                                                                                                                                                                                                                                                                 |                                                        |                                                                             |                                                    |
| Check#: _____                                                                                                                                                                                                                                                                               |                                                        |                                                                             |                                                    |
| Check Date: _____                                                                                                                                                                                                                                                                           |                                                        |                                                                             |                                                    |
| Amount: _____                                                                                                                                                                                                                                                                               |                                                        |                                                                             |                                                    |
| Please make the following deposit ( <u>check or money order only</u> ):                                                                                                                                                                                                                     |                                                        |                                                                             |                                                    |
| <table border="1"> <tr> <td>           Mailing Address:<br/>           Gordon Hall - 180<br/>           PO Box 6868<br/>           Fullerton, CA 92634         </td> <td>           OR<br/>           GH180 Contactless Drop Box<br/>           Window 13 only         </td> </tr> </table> |                                                        | Mailing Address:<br>Gordon Hall - 180<br>PO Box 6868<br>Fullerton, CA 92634 | OR<br>GH180 Contactless Drop Box<br>Window 13 only |
| Mailing Address:<br>Gordon Hall - 180<br>PO Box 6868<br>Fullerton, CA 92634                                                                                                                                                                                                                 | OR<br>GH180 Contactless Drop Box<br>Window 13 only     |                                                                             |                                                    |
| Deposit to CASHNet Item Code: _____                                                                                                                                                                                                                                                         |                                                        |                                                                             |                                                    |

[illegible]

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| Form                                           | Processing Time                                                             | Notes                                                                                                                            |
|------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <b>Request for Invoice (RFI)</b>               | 2 business days once approved RFI is submitted                              | On-demand invoice.                                                                                                               |
| <b>Expenditure Transfer Request (ETR)</b>      | 2 to 4 business days once ETR is approved                                   | ETRs with 7xxx billable program codes are billed on the 5 <sup>th</sup> business day after the end of the month                  |
| <b>Chartfield Request Form</b>                 | 2 business days once approved                                               | ASFR processes account, fund, program and project chartfield forms<br><br>Budget processes department and class chartfield forms |
| <b>Interagency Financial Transaction (IFT)</b> | 2 business days once approved then ASFR submits to the Chancellor's Office. | IFT entry is posted to OBIEE 2 business days after the Chancellor's Office issues the IFT.                                       |

# Forms Processing Time

# Announcements

## ➤ Accounting Updates Email Subscription



# Announcements (continued)

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- Congratulations Justin Chan, new Associate Director of Accounting Services & Financial Reporting
- Request for Invoice (RFI) / Interagency Financial Transaction (IFT) automation is on-going
- Upcoming Trainings:

<https://financialservices.fullerton.edu/controller/asfr/training/>



OBIEE CFS Revenue/Expense Reports Training is now available on demand in the Titan Training Hub.

[IT: ERP CFS Revenue/Expense Reports \(Online\)](#)



# Thank you!

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Nathan, Michael (Controller), Justin, Dawit, Tony  
Winnie, Lynn, Estrella, Sarah, Betty

QUESTIONS?

CONTACT: [ASFR@FULLERTON.EDU](mailto:ASFR@FULLERTON.EDU)

[HTTPS://FINANCIALSERVICES.FULLERTON.EDU/CONTROLLER/ASFR/CONTACT-US/](https://financialservices.fullerton.edu/controller/asfr/contact-us/)