

Established 1972

Payment Request Guidelines

These guidelines are intended to delineate the process for accessing funds held on account by the San Diego City College Foundation and to provide program managers with source and use of funds information relevant to their areas of instructional responsibility.

Before incurring any expense, you must have prior written approval from your Dean/Manager. The San Diego City College Foundation is not obligated to pay for any expense, invoice, or reimbursement where prior written approval was not obtained.

1.0 Originator will:

- **1.1** Request funds using the Foundation Payment Request form (Attachment A).
 - *A complete description of the use of requested funds is required.
 - *All incomplete requests will be sent back to the requester.
- **1.2** Attach appropriate documents. Please note the following:
 - All reimbursements must have receipts
 - A payment to a company must have an Invoice/Quote
 - To pay a guest speaker, a W-9 form and Contract/Lecturer Agreement are required.
 - Purchase of equipment: For purposes of inventory control, equipment that exceeds a
 purchase price of >\$200 (greater than \$200) must be purchased through the District's
 procurement process. Using Foundation funds to pay for equipment is a two-step process.
 The District will pay the vendor, and then the Foundation will reimburse the District.
- 1.3 Submit to Manager for review.

2.0 Manager will:

- 2.1 Review/sign Payment Request.
- **2.2** Forward hard copy of Payment Request and all supporting documents to Business Services (T-160) -OR- send digitally via email to *rbalinte@sdccd.edu*.

3.0 Foundation Accountant will:

- **3.1** Review Payment Request for compliance with account provisions.
- **3.2** Verify supporting documents.
- **3.3** Prepare and disburse based on Originator's request (e.g. check or EFT).

<u>Please note</u>: Processing emergency payment requests will be at the discretion of the President, Chair and Vice Chair of the Foundation. Please submit payment requests in advance and allow 10-15 days in order to prevent emergency situations.

SAN DIEGO COMMUNITY COLLEGE DISTRICT SAN DIEGO CITY COLLEGE FOUNDATION PAYMENT REQUEST

REQUESTED BY:		DATE REQUESTED:	
DEPARTMENT:	_		
PAYEE:			
PUI	RPOSE		AMOUNT
		TOTAL:	
CHARGE TO:			
FUND:			
ACCOUNT NAME:			
ACCOUNT #:			
	DELIVERY ME	THOD	
PAPER CHECK (SELECT ONE OPTION)	DELIVERY IVIE	DIRECT DEPOSIT / EF	:T
PICK-UP		For privacy, Payee must email his/	
PLACE IN SCHOOL MAILBOX		Routing # and Account # to:	
MAIL CHECK TO:		Regie Balintec: rbalinte@sdccd Roxann Solis: rsolis@sdccd.edu	
	-OR-	from the email address listed below	
		Payee information already of current	n file AND
MANAGER APPROVAL:		DATE:	
DATE ENTER	RED:	CONF#:	
TOUNDATION STAIT ONLY.			