Mesa

SAN DIEGO MESA COLLEGE

ASSOCIATED STUDENTS ACCOUNTING MANUAL

APRIL 2011

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FORMS

- **Authorization for Expenditure of Funds**

  (Purchases and Reimbursements)

- **Club / Agency Deposit**

  (Fundraising and Donations)

Mesa
SAN DIEGO MESA COLLEGE

Authorization for Expenditure of Funds

DATE _____ HOLD ☐ MAIL ☐

Make check payable to:

NAME _____

ADDRESS _____ PHONE# _____ E-MAIL _____

CITY _____ STATE _____ ZIP _____

NAME OF ACCOUNT TO BE CHARGED _____

DESCRIPTION		Quantity	Unit Price	Amount
Additional Information / Documentation Required:				
Minutes - highlight approval of expenditure				
Description/Details of purchase/service rendered				
Date & Name of activity				
Attach all Original Receipts/Invoices	Received by:_____			
FAILURE TO PROVIDE THE ABOVE MAY CAUSE DELAYS IN PROCESSING	Date Received/Mail:_____		**Tax**	
			Shipping	
			TOTAL	

Club Advisor: _____
Type/Print Name Signature Ext.

Club Representative: _____
Type/Print Name Signature Phone

A.S. Officer: _____ Date: _____
Signature

Dean of Student Affairs: _____ Date: _____
Signature

Clerk: _____ Acct Balance: _____ Check Number: _____ Check Date: _____

San Diego Mesa College
Student Affairs Office – Accounting Office
Club/Agency Deposit Form

Guidelines:

1) Revenues generated from a fundraising activity must be deposited with the Accounting Office within 48 hours of the activity for credit to the account.
2) Club/Agency funds for deposit are accepted at the Accounting Office (MV-16&17)

   Monday-Thursday **8:30 a.m. – 3:30 p.m.**
   Friday **8:30 a.m. – 10:30 a.m.**
3) Complete the Club/Agency Account Worksheet below to account for total amount of funds deposited. The accounting technician will issue a receipt for the amount received. A receipt and copy of the Deposit Form will be given to the representative at completion of transaction.
4) Club treasurers/account custodians should record the amount of deposit in their respective accounting books to reflect an up-to-date account balance.

Club/Agency Account Worksheet

Club/Agency Name: _____ Date: _____

Club/Agency Event: _____

Amount of Deposit: _____ Deposit made by: _____

Check Date	Check #	Name	Amount
Total Checks:			

# of Bills	x Denomination	=Total
	100.00	$ 0.00
	50.00	$ 0.00
	20.00	$ 0.00
	10.00	$ 0.00
	5.00	$ 0.00
	2.00	$ 0.00
	1.00	$ 0.00
Total Bills:		$ 0.00

# of Coins	x Denomination	=Total
	1.00	$ 0.00
	0.50	$ 0.00
	0.25	$ 0.00
	0.10	$ 0.00
	0.05	$ 0.00
	0.01	$ 0.00
Total Coins:		$ 0.00

Total Checks: _____
Total Bills: $ 0.00
Total Coins: $ 0.00
Total Deposit: $ 0.00

Received by: _____

Authorization for Expenditure of Funds

The Authorization for Expenditure of Funds Form is used to: purchase goods and services, reimburse for out-of-pocket expenses, pay for club memberships, provide cash advance for goods, and change fund for club fundraiser. Also, the form is used when transferring funds from one account to another [i.e. Associated Students to club account (including matching funds), club account to another club account (including vending 5000 funds)].

I. Reimbursement for Out-of-Pocket Expenses [Exhibit 8a – 8b]

1. Complete **Authorization for Expenditure of Funds Form**.

   → http://www.sdmesa.edu/campus-life/pdf/AS-Authorization-Expenditure.pdf

   a. Fill in name of individual requesting reimbursement including address and phone number.
   b. Indicate on line titled "Account to be Charged" the Associated Students budget number or Club name.
   c. Provide a brief description of your request for expenditure of funds.
   d. Secure appropriate signatures as indicated below.

      i. Associated Students: A.S. Officer and Dean of Student Affairs
      ii. Clubs: Club Advisor, Club Representative, and Dean of Student Affairs. The A.S. Officer signature is optional.
      iii. The individual (Payee) requesting reimbursement and/or disbursement cannot sign the bottom of the form as the club representative or A.S. Officer.

2. Attach original receipts to a separate sheet of paper (s) and staple sheet to form.

3. Attach meeting minutes approving expenditure of funds. *Exception*: *Clubs requesting payment for membership fees to their national organization are not required to provide minutes approving payment. Membership fees are collected, deposited, and disbursed from the club account thereby clearing out the account of membership fees.* [Exhibit 8o]

4. Submit **Authorization for Expenditure of Funds Form** to the Accounting Office.

5. Allow sufficient time, minimum two weeks, for processing your request.

II. Cash Advance [Exhibit 8c-8d]

1. Complete **Authorization for Expenditure of Funds Form.**
    a. Fill in name of individual requesting cash advance including address and phone number.
    b. Indicate on line titled "Account to be Charged" the Associated Students budget number or Club name.
    c. Provide a brief description of your request for expenditure of funds.
    d. Secure appropriate signatures as indicated below.
        i. Associated Students: A.S. Officer and Dean of Student Affairs
        ii. Clubs: Club Advisor, Club Representative, and Dean of Student Affairs. The A.S. Officer signature is optional.
        iii. The individual (Payee) requesting a cash advance cannot sign the bottom of the form as the club representative or A.S. Officer.
2. Attach meeting minutes approving expenditure of funds.
3. Submit **Authorization for Expenditure of Funds Form** to the Accounting Office.
4. Allow sufficient time, minimum two weeks, for processing your request.
5. Return any excess cash advance to the Accounting Office within one (1) week after event has occurred. If funds are not returned within two weeks after cash advance was issued, a "hold" will be placed on your student records blocking future transactions.
6. Submit any excess cash advance by completing a **Club/Agency Deposit Form**. Attach original receipts to the form and turn into the Accounting Office. The Accounting Office staff member will provide a receipt for your records. See instructions on page 6 for completion of form.

III. Change Fund [Exhibit 8e]

1. Complete **Authorization for Expenditure of Funds Form.**
    a. Fill in name of individual requesting change fund including address and phone number.
    b. Indicate on line titled "Account to be Charged" the Associated Students budget number or Club name.
    c. Provide a brief description of your request for expenditure of funds.
    d. Secure appropriate signatures as indicated below.
        i. Associated Students: A.S. Officer and Dean of Student Affairs
        ii. Clubs: Club Advisor, Club Representative, and Dean of Student Affairs. The A.S. Officer signature is optional.
        iii. The individual (Payee) requesting the change fund cannot sign the bottom of the form as the club representative or A.S. Officer.
2. Attach meeting minutes approving expenditure of funds.
3. Submit **Authorization for Expenditure of Funds Form** to the Accounting Office.
4. Allow sufficient time, minimum two weeks, for processing your request.
5. Return change fund to the Accounting Office within one (1) week after event has occurred. If funds are not returned within two weeks after change fund was issued, a "hold" will be placed on your student records blocking future transactions.
6. Submit change fund by completing a **Club/Agency Deposit Form** and turn into the Accounting Office. The Accounting Office staff member will provide a receipt for your records. See instructions on page 6 for completion of form.

IV. Goods or Services [Exhibit 8f – 8n]

1. Complete **Authorization for Expenditure of Funds Form.**

    a. Fill in name of individual or company including address and phone number.
    b. Indicate on line titled "Account to be Charged" the Associated Students budget number or Club name.
    c. Provide a brief description of your request for expenditure of funds including invoice or quote number.
    d. Secure appropriate signatures as indicated below.

        i. Associated Students: A.S. Officer and Dean of Student Affairs
        ii. Clubs: Club Advisor, Club Representative, and Dean of Student Affairs. The A.S. Officer signature is optional.

2. Attach meeting minutes approving expenditure of funds.

3. Attach an invoice or quote from vendor verifying costs of goods or services to be paid. Professional services such as artist demonstration, guest lecturer (workshop speaker), performers (dancers, bands, musicians, magicians…) and cash prize winners must submit an invoice for payment. *Note: Professional services cannot be performed by a District employee for the current calendar year.* The **Guest Lecturer Invoice** is available online at the San Diego Mesa College website - http://www.sdmesa.edu/forms/business.cfm.

    Also, there is a checklist to determine if an individual is an employee of the San Diego Community College District or a consultant/independent contractor. The **Evaluation of Employer/Employee Relationship** form is available online at the San Diego Mesa College website - http://www.sdmesa.edu/forms/business.cfm.

4. For purchase of equipment over $200.00 (unit cost), completion of a **Gift/Donation Form and Transfer of Title** must be submitted to the Accounting Office. By completing the form, the equipment is being donated to the college for operational use. The equipment will receive a District equipment identification number from Facilities Services. The form is available online at the San Diego Mesa College website - http://www.sdmesa.edu/forms/business.cfm.

5. Attach **Form W-9** (Request for Taxpayer Identification Number & Certification) for professional services payments. The form is available online at the San Diego Mesa College website - http://www.sdmesa.edu/forms/business.cfm.

6. Submit **Authorization for Expenditure of Funds Form** including required documents mentioned above to the Accounting Office.

7. Allow sufficient time, minimum two weeks, for processing your request.

Club/Agency Deposit Form

The Club/Agency Deposit Form is used to record proceeds from fundraising activities, donations, membership dues, and submission of borrowed change fund and excess cash advance for club events.

1. Complete **Club/Agency Deposit Form**. [Exhibit 8p-8r]

   → http://www.sdmesa.edu/campus-life/pdf/Club-Agency-Deposit.pdf

   a. Fill in Club or Agency name.
   b. Indicate event that generated the deposit (i.e. membership dues, water and candy sale, dog wash, opportunity drawing, donation, rummage sale, spring fling …).
   c. Fill in date of deposit.
   d. Indicate deposit amount.
   e. Fill in name of individual preparing and submitting deposit.
   f. Fill in financial grid breaking down the denomination of monies collected: checks, currency (bills) and coins.
   g. Provide denomination totals and deposit grand total at the bottom of the form.

2. Submit **Club/Agency Deposit Form** to the Accounting Office.

3. The Associated Students Accounting Technician will verify the deposit and provide a hand-written receipt upon completion. The deposit will be posted in QuickBooks under the appropriate account name and submitted to the bank. All transactions will be reflected in the appropriate month-end Club Report.

I. Cash Advance [Exhibit 8p]

- Submit any excess cash advance by completing a **Club/Agency Deposit Form**. Attach original receipts to the form and turn into the Accounting Office. The Accounting Office staff member will provide a receipt for your records.

II. Change Fund [Exhibit 8q]

- Submit change fund by completing a **Club/Agency Deposit Form** and turn into the Accounting Office. The Accounting Office staff member will provide a receipt for your records.

REPORTS

Associated Students

Financial transactions (revenue and expenses) are reported monthly to the Associated Students Officers, Dean of Student Affairs, and VP of Administrative Services. The report is titled **Associated Students Budget**. The financial information consists of data from the beginning of the fiscal year (July) through month-end. [Exhibit 8s]

Clubs

The monthly **Club Report** reflects monies collected, transferred and expended from the beginning of the fiscal year (July) through month-end. The report for each active club is forwarded to the club office via Student Affairs office personnel. [Exhibit 8t]

It is important for clubs to keep track of all transactions throughout the month so data can be compared to the month-end report for accuracy.

EXHIBITS

Mesa
SAN DIEGO MESA COLLEGE

Authorization for Expenditure of Funds

DATE Nov 1, 2010 HOLD ☒ MAIL ☐

Make check payable to:

NAME Cathy Armington

ADDRESS 29255 Pharoah Drive PHONE# (619) 444-9987 E-MAIL

CITY San Diego STATE CA ZIP 92117

NAME OF ACCOUNT TO BE CHARGED HONORS

DESCRIPTION		Quantity	Unit Price	Amount
Additional Information / Documentation Required:	Reimbursement for food items purchased for			
	training workshop 10-12-10			
Minutes - highlight approval of expenditure				
	Costco, 10-12-10	1	$ 87.17	$ 87.17
Description/Details of purchase/service rendered	Vons, 10-12-10	1	$ 5.63	$ 5.63
Date & Name of activity				
Attach all Original Receipts/Invoices				
	Received by:			
FAILURE TO PROVIDE THE ABOVE MAY CAUSE DELAYS IN PROCESSING	Date Received/Mail:		**Tax**	
			Shipping	
			TOTAL	$ 92.80

Club Advisor: Shelby Cordovan (Type/Print Name) Signature Required (Signature) 2704 (Ext.)

Club Representative: Henry Copper (Type/Print Name) Signature Required (Signature) (619)221-9876 (Phone)

A.S. Officer: Signature Optional (Signature) Date: 11-01-10

Dean of Student Affairs: Signature Required (Signature) Date: 11-01-10

Clerk: _____ Acct Balance: _____ Check Number: _____ Check Date: _____

COSTCO WHOLESALE

MISSION VALLEY 488

2345 FENTON PKWY
SAN DIEGO, CA. 92108
LW Q ET 90-102181
MEMBER #111772314722

75510	HANSENS	6.79 A
411300000000	CA REDEMP VA	1.20 A
85	DIET COKE	9.49 A
570600000000	CA REDEMP VA	1.60 A
10904	TURK ROLLER	8.99
10904	TURK ROLLER	8.99
3079	BAKESLT CHIP	3.99
3098	VEGGIE TRAY	11.99
138167	WHOLE PEP	9.95 A
137959	WHOLE COMBO	9.95 A
138166	WHOLE CHEESE	9.95 A
	SUBTOTAL	82.89
A	5% TAX	4.28
	TOTAL	87.17
VF	EFT/DEBIT	107.17

XXXXXXXXXXXX1018 SWIPED
10/12/10 13:06
Seq#: 002359 Ref#: 442796
EFT/DEBIT Resp: AA
FID Y: 20699

APPROVED
AMOUNT: $107.17
CASHBACK: $20.00

0488 007 0000000061 0117

CHANGE 20.00

TOTAL NUMBER OF ITEMS SOLD = 9
CASHIER: SCOTT R REG# 7

[redacted]
PLEASE Check In at the PICK UP WINDOW
as soon as you get to the Food Court.

10/12/10 13:06 0488 07 0117 61

CA TAXES PAID ON ANY TOBACCO PURCHA
THANK YOU!
PLEASE COME AGAIN!

VONS

WELCOME TO OUR STORE

REFRIG/FROZEN

2@2.59	BAGGED ICE 7LB			5.18 B
****	TAX	.45	BAL	5.63
	CASH			20.00
	CHANGE			14.37

NUMBER OF ITEMS = 2
10/12/10 13:59 2040 04 0173 8065

JOIN VONSCLUB AND START SAVING!

LET US HEAR FROM YOU!
1-877-723-3929 or visit VONS.COM

CASH ADVANCE - CLUB

Mesa
SAN DIEGO MESA COLLEGE

Authorization for Expenditure of Funds

DATE Nov 1, 2010 HOLD ☒ MAIL ☐

Make check payable to:

NAME Sandra Needlenose

ADDRESS 10056 Ranger Lane PHONE# (619) 222-0001 E-MAIL

CITY San Diego STATE CA ZIP 92111

NAME OF ACCOUNT TO BE CHARGED MCAHTSA

DESCRIPTION		Quantity	Unit Price	Amount
Additional Information / Documentation Required:	Cash advance to purchase supplies for club	1	$ 100.00	$ 100.00
	event on November 19, 2010			
Minutes - highlight approval of expenditure				
Description/Details of purchase/service rendered				
Date & Name of activity				
Attach all Original Receipts/Invoices	Received by:			
			Tax	
FAILURE TO PROVIDE THE ABOVE MAY CAUSE DELAYS IN PROCESSING	Date Received/Mail:		**Shipping**	
			TOTAL	$ 100.00

Club Advisor: Cori Baileaux (Type/Print Name) Signature Required (Signature) 2704 (Ext.)

Club Representative: Change Phaison (Type/Print Name) Signature Required (Signature) (619)543-2100 (Phone)

A.S. Officer: Signature Optional (Signature) Date: 11-01-10

Dean of Student Affairs: Signature Required (Signature) Date: 11-01-10

Clerk: _____ Acct Balance: _____ Check Number: _____ Check Date: _____

CASH ADVANCE - ASG

Mesa
SAN DIEGO MESA COLLEGE

Authorization for Expenditure of Funds

DATE Nov 1, 2010 HOLD ☒ MAIL ☐

Make check payable to:

NAME Paul Levinstand

ADDRESS 2099 Topper Lane #A5 PHONE# (619) 223-9991 E-MAIL

CITY San Diego STATE CA ZIP 92117

NAME OF ACCOUNT TO BE CHARGED ASG - 5607

DESCRIPTION		Quantity	Unit Price	Amount
Additional Information / Documentation Required:	Cash advance to purchase supplies for special	1	$ 350.00	$ 350.00
	event on November 19, 2010			
Minutes - highlight approval of expenditure				
Description/Details of purchase/service rendered				
Date & Name of activity				
Attach all Original Receipts/Invoices	Received by:			
			Tax	
FAILURE TO PROVIDE THE ABOVE MAY CAUSE DELAYS IN PROCESSING	Date Received/Mail:		**Shipping**	
			TOTAL	$ 350.00

Club Advisor: N/A
Type/Print Name Signature Ext.

Club Representative: N/A
Type/Print Name Signature Phone

A.S. Officer: Signature Required Date: 11-01-10
Signature

Dean of Student Affairs: Signature Required Date: 11-01-10
Signature

Clerk: _____ Acct Balance: _____ Check Number: _____ Check Date: _____

CHANGE FUND

Mesa
SAN DIEGO MESA COLLEGE

Authorization for Expenditure of Funds

DATE Nov 1, 2010 HOLD ☒ MAIL ☐

Make check payable to:

NAME Cori Baileaux

ADDRESS 10560 Langer Road PHONE# (619) 333-0002 E-MAIL

CITY San Diego STATE CA ZIP 92111

NAME OF ACCOUNT TO BE CHARGED Psi Beta

DESCRIPTION		Quantity	Unit Price	Amount
Additional Information / Documentation Required:	Change fund request for club fundraiser	1	$ 50.00	$ 50.00
	on November 15, 2010			
Minutes - highlight approval of expenditure				
Description/Details of purchase/service rendered				
Date & Name of activity				
Attach all Original Receipts/Invoices	Received by:			
			Tax	
FAILURE TO PROVIDE THE ABOVE MAY CAUSE DELAYS IN PROCESSING	Date Received/Mail:		**Shipping**	
			TOTAL	$ 50.00

Club Advisor: Betty Crocklander (Type/Print Name) Signature Required (Signature) 2704 (Ext.)

Club Representative: Piper Galier (Type/Print Name) Signature Required (Signature) (619)345-3200 (Phone)

A.S. Officer: Signature Optional (Signature) Date: 11-01-10

Dean of Student Affairs: Signature Required (Signature) Date: 11-01-10

Clerk: _____ Acct Balance: _____ Check Number: _____ Check Date: _____

Mesa
SAN DIEGO MESA COLLEGE

Authorization for Expenditure of Funds

DATE Nov 1, 2010 HOLD ☒ MAIL ☐

Make check payable to:

NAME STS Graphics & Printing Company

ADDRESS 33991 Morena Blvd. PHONE# (619) 990-1111 E-MAIL

CITY Chula Vista STATE CA ZIP 91920

NAME OF ACCOUNT TO BE CHARGED 5008 - AS/ Special Activities

DESCRIPTION		Quantity	Unit Price	Amount
Additional Information / Documentation Required:	Payment for office banner on invoice #8110802	1	$ 50.00	$ 50.00
Minutes - highlight approval of expenditure	dated 10-20-10			
Description/Details of purchase/service rendered				
	Note: Call AS Office - AS President to pick up			
Date & Name of activity	check for hand-delivery to vendor			
Attach all Original Receipts/Invoices	Received by:			
			Tax	$ 4.38
FAILURE TO PROVIDE THE ABOVE MAY CAUSE DELAYS IN PROCESSING	Date Received/Mail:		**Shipping**	
			TOTAL	$ 54.38

Club Advisor: N/A
Type/Print Name Signature Ext.

Club Representative: N/A
Type/Print Name Signature Phone

A.S. Officer: Signature Required Date: 11-01-10
Signature

Dean of Student Affairs: Signature Required Date: 11-01-10
Signature

Clerk: _____ Acct Balance: _____ Check Number: _____ Check Date: _____

STS Graphics & Printing Company
33991 Morena Blvd.
Chula Vista, CA 91920
(619) 990-1111

Invoice No. **8110802**

INVOICE

Customer

Name	San Diego Mesa College
Address	7250 Mesa College Dr. / Attn: AS Office, Rm H-600
City	San Diego State CA ZIP 92111
Phone	(619) 388-2903

Misc

Date	10/20/2010
Order No.	0001
Rep	
FOB	

Qty	Description	Unit Price	TOTAL
1	Banner - 18"H x 36"L, White background with navy blue lettering To read: San Diego Mesa College Associated Students	$ 50.00	$ 50.00
		SubTotal	$ 50.00
		Shipping	
	Tax Rate(s)	8.75%	$ 4.38
		TOTAL	$ 54.38

Payment Check

Comments Make check payable to:
Name Graphics & Printing Company
CC #
Expires

~~~~~~~~~~Thank You~~~~~~~~~~

Contact Person: Charles Checkland
(619) 990-1111
(619) 990-1112 Fax
~~~~~~~~~~

Mesa
SAN DIEGO MESA COLLEGE

Authorization for Expenditure of Funds

DATE Nov 8, 2010 HOLD ☒ MAIL ☐

Make check payable to:

NAME Lowe's

ADDRESS 2318 Northside Drive PHONE# (619) 584-5500 E-MAIL

CITY San Diego STATE CA ZIP 92108

NAME OF ACCOUNT TO BE CHARGED 6402-AS/ Equipment

DESCRIPTION		Quantity	Unit Price	Amount
Additional Information / Documentation Required: Minutes - highlight approval of expenditure Description/Details of purchase/service rendered Date & Name of activity Attach all Original Receipts/Invoices FAILURE TO PROVIDE THE ABOVE MAY CAUSE DELAYS IN PROCESSING	Refrigerator, Frigidaire, 18CF Black,	1	$ 459.77	$ 459.77
	Model #FRT18IL6JB			
	Invoice #11032010 dated 11/03/10			
	Note: Call AS Office - AS President to pick up			
	check for hand-delivery to vendor			
	Received by:			
			Tax	$ 40.23
	Date Received/Mail:		**Shipping**	$ 25.00
			TOTAL	$ 525.00

Club Advisor: N/A
Type/Print Name Signature Ext.

Club Representative: N/A
Type/Print Name Signature Phone

A.S. Officer: Signature Required Date: 11-08-10
Signature

Dean of Student Affairs: Signature Required Date: 11-08-10
Signature

Clerk: _____ Acct Balance: _____ Check Number: _____ Check Date: _____

Lowe's
2318 Northside Drive
San Diego, CA 92108
(619) 584-5500

Invoice No. **11032010**

INVOICE

Customer

Name	San Diego Mesa College
Address	7250 Mesa College Dr. / Attn: AS Office, Rm H-600
City	San Diego State CA ZIP 92111
Phone	(619) 388-2903

Misc

Date	11/3/2010
Order No.	0001
Rep	
FOB	

Qty	Description	Unit Price	TOTAL
1	Refrigerator, Frigidaire, 18CF, Black, Model #FRT18IL6JB	$ 459.77	$ 459.77

SubTotal		$ 459.77
Shipping		$ 25.00
Tax Rate(s)	8.75%	$ 40.23
TOTAL		$ 525.00

Payment Check

Comments Make check payable to:
Name Lowe's
CC #
Expires

~~~~~~~~~~Thank You~~~~~~~~~~

<><> Thank you for shopping Lowe's <><>
~~~~~~~~~~

Print Form

San Diego Community College District
3375 Camino del Rio South
San Diego, California 92108-3883

GIFT/DONATION FORM AND TRANSFER OF TITLE

Donor Section

- **DONATION DESCRIPTION:** This description may be used for publicity purposes. Include all pertinent information.
  Refrigerator, Frigidaire, 18CF, Model #FRT18IL6JB
- **SERIAL NUMBER:** 100001112345
- **DONOR'S ESTIMATED VALUE OF GIFT:** $500.00
  (No employee/officer of the San Diego Community College District shall estimate the value of the gift.)
- The donor acknowledges that the San Diego Community College District reserves the right to sell or otherwise dispose of this/these item(s) in whole or in its component parts, at the sole discretion of the San Diego Community College District. The Donor further acknowledges that full title and ownership is turned over to the San Diego Community College District, by signing below.
- **DONOR SIGNATURE:** Signature Required **DATE:** 11/15/10
- **DONOR NAME, ADDRESS, AND TELEPHONE NUMGER:** Associated Students, San Diego Mesa College, 7250 Mesa College Drive, Room H-600, San Diego, CA 92111, (619) 388-2903

ACCEPTANCE REQUESTED BY

- **ORIGINATOR:** Charles Dickenstein **DATE:** 11/15/10
- **REQUEST FOR SERVICE #:** _____ **DATE:** _____
  (If equipment needs installation or repair the site shall attach RS.)
- **DIR OF ADMINISTRATIVE SVC:** _____ **DATE:** _____
- **RESPONSIBLE MANAGER:** _____ **DATE:** _____
  (Vice President, Dean or other District Management staff) It is expected that the Program Manager will send a copy of this form along with a thank you letter to the donor.
- **RESPONSIBLE ADMINISTRATOR:** _____ **DATE:** _____
  (President, Assistant Chancellor)

FACILITIES SERVICES SECTION

- **Related Costs or Needs Associated with Gift of Equipment:**

a) Installations Costs: _____ By: _____ Date: _____
b) Restoration Costs: _____ By: _____ Date: _____
c) Relocation Costs: _____ By: _____ Date: _____
d) On-going Maintenance Costs: _____ By: _____ Date: _____
e) Additional Costs: _____ By: _____ Date: _____

Comments/Explanation: _____

- **Acceptance:** Recommended: _____ Not Recommended: _____
- Assistant Chancellor, Facilities Services Approval:

_____ Date _____

_____ **NO DISTRICT MAINTENANCE**

ATTACHMENT A

ACKNOWLEDGEMENT OF CONTRIBUTION TO SAN DIEGO COMMUNITY COLLEGE DISTRICT

1) Donor (include name, address, and telephone number: Associated Students, San Diego Mesa College, 7250 Mesa College Drive, Room H-600, San Diego, CA 92111, (619) 388-2903

2) Amount of cash or check contributed: $525.00

3) Description (but not estimate of value) of property (other than cash) contributed: Refrigerator

4) Date of receipt of contribution: 11/15/10

5) X The San Diego Community College District did not provide any goods or services in consideration, in whole or in part, for the cash or property contributed.

6) _____ The San Diego Community College District did provide goods and/or services in consideration, in whole or in part, for the cash or property contributed.

a) Description of goods and/or services provided by San Diego Community College District in consideration for the cash or property contributed: _____

b) Good faith estimate of the value of goods and/or services provided by San Diego Community College District: _____

The undersigned officer of the San Diego Community College District hereby acknowledges the contribution by Donor and provides the information stated above for Federal income tax purposes.

_____
Responsible Administrator
San Diego Community College District

2/27/08

Print Form

ATTACHMENT B

Mesa
SAN DIEGO MESA COLLEGE

Authorization for Expenditure of Funds

DATE Nov 1, 2010 HOLD ☐ MAIL ☒

Make check payable to:

NAME Artisima Ceramicato

ADDRESS 59345 Portico Calle Court PHONE# (760) 456-7891 E-MAIL

CITY Poway STATE CA ZIP 92129

NAME OF ACCOUNT TO BE CHARGED CERAMICS

DESCRIPTION		Quantity	Unit Price	Amount
Additional Information / Documentation Required:	Ceramics lecture/demonstration on 10-21-10	1	$ 250.00	$ 250.00
Minutes - highlight approval of expenditure	in room D-202			
Description/Details of purchase/service rendered				
Date & Name of activity				
Attach all Original Receipts/Invoices	Received by:			
FAILURE TO PROVIDE THE ABOVE MAY CAUSE DELAYS IN PROCESSING	Date Received/Mail:		**Tax**	
			Shipping	
			TOTAL	$ 250.00

Club Advisor: Nathan Mattheus _____ 2704
Type/Print Name Signature Ext.

Club Representative: Charles Topenez _____ (619)980-0099
Type/Print Name Signature Phone

A.S. Officer: Signature Optional _____ Date: _____
Signature

Dean of Student Affairs: Signature Required _____ Date: 11-01-10
Signature

Clerk: _____ Acct Balance: _____ Check Number: _____ Check Date: _____

San Diego Mesa College
Business Services
7250 Mesa College Drive
San Diego, Ca 92111-4998
Phone: (619)388-2771
Fax: (619) 388-2833

GUEST LECTURER INVOICE

Presenter: Artisima Ceramicato

Colleague ID: N/A

Federal ID # (if applicable): 111-22-3333

Mailing Address: 59345 Portico Calle Court

City: Poway

State/Zip: CA / 92129

SERVICE PROVIDED

Date of Presentation: 10-21-10

Length of Presentation: 3 hours

Amount Due: $250.00

Provider Signature: Signature Required

Is Guest Lecturer a district employee: Yes __ No __X_
This includes District Office, Mesa, City, Miramar, ECC and Continuing Ed.

If YES, an hourly time card must be completed and attached to this form for payment.

BUDGET INFORMATION AND APPROVAL

Account to be charged: Ceramics Club

Budget Number: N/A

Person Authorizing Services: Nathan Mattheus

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.

Name (as shown on your income tax return)
Artisima Ceramicato

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): ☑ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Exempt payee

☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
59345 Portico Calle Court

Requester's name and address (optional)

City, state, and ZIP code
Poway, CA 92129

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

1	1	1	-	2	2	-	3	3	3	3

Employer identification number

		-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here | **Signature of U.S. person ▶** Signature Required | **Date ▶** 10-21-10

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Mesa
SAN DIEGO MESA COLLEGE

Authorization for Expenditure of Funds

DATE Nov 3, 2010 HOLD ☐ MAIL ☒

Make check payable to:

NAME Phi Theta Kappa

ADDRESS P.O. Box 13729 PHONE# _____ E-MAIL _____

CITY Jackson STATE MS ZIP 39236

NAME OF ACCOUNT TO BE CHARGED PTK

DESCRIPTION		Quantity	Unit Price	Amount
Additional Information / Documentation Required:	Membership dues per list attached	20	$ 50.00	$ 1,000.00
Minutes - highlight approval of expenditure				
Description/Details of purchase/service rendered				
Date & Name of activity	NOTE: Minutes not required for this transaction.			
Attach all Original Receipts/Invoices	Received by: _____			
FAILURE TO PROVIDE THE ABOVE MAY CAUSE DELAYS IN PROCESSING	Date Received/Mail: _____		**Tax**	
			Shipping	
			TOTAL	$ 1,000.00

Club Advisor: Jasmine Fern _____ 2704
Type/Print Name Signature Ext.

Club Representative: Porgie Palentine _____ (619)229-3399
Type/Print Name Signature Phone

A.S. Officer: Signature Optional _____ Date: _____
Signature

Dean of Student Affairs: Signature Required _____ Date: 11-03-10
Signature

Clerk: _____ Acct Balance: _____ Check Number: _____ Check Date: _____

CASH ADVANCE

San Diego Mesa College
Student Affairs Office – Accounting Office
Club/Agency Deposit Form

Guidelines:

1) Revenues generated from a fundraising activity must be deposited with the Accounting Office within 48 hours of the activity for credit to the account.
2) Club/Agency funds for deposit are accepted at the Accounting Office (MV-16&17)
   Monday-Thursday **8:30 a.m. – 3:30 p.m.**
   Friday **8:30 a.m. – 10:30 a.m.**
3) Complete the Club/Agency Account Worksheet below to account for total amount of funds deposited. The accounting technician will issue a receipt for the amount received. A receipt and copy of the Deposit Form will be given to the representative at completion of transaction.
4) Club treasurers/account custodians should record the amount of deposit in their respective accounting books to reflect an up-to-date account balance.

Club/Agency Account Worksheet

Club/Agency Name: MCAHTSA Date: Nov 24, 2010

Club/Agency Event: Club orientation & training

Amount of Deposit: $27.19 Deposit made by: Sandra Needlenose

Check Date	Check #	Name	Amount
NOTE: Excess Cash Advance is returned with receipts verifying proof purchase.			
Total Checks:			

# of Bills	x Denomination	=Total
	100.00	$ 0.00
	50.00	$ 0.00
1	20.00	$ 20.00
	10.00	$ 0.00
1	5.00	$ 5.00
	2.00	$ 0.00
2	1.00	$ 2.00
Total Bills:		$ 27.00

# of Coins	x Denomination	=Total
	1.00	$ 0.00
	0.50	$ 0.00
	0.25	$ 0.00
1	0.10	$ 0.10
1	0.05	$ 0.05
4	0.01	$ 0.04
Total Coins:		$ 0.19

Total Checks: _____
Total Bills: $ 27.00
Total Coins: $ 0.19
Total Deposit: $ 27.19

Received by: _____

CHANGE FUND

San Diego Mesa College
Student Affairs Office – Accounting Office
Club/Agency Deposit Form

Guidelines:

1) Revenues generated from a fundraising activity must be deposited with the Accounting Office within 48 hours of the activity for credit to the account.
2) Club/Agency funds for deposit are accepted at the Accounting Office (MV-16&17)
   Monday-Thursday **8:30 a.m. – 3:30 p.m.**
   Friday **8:30 a.m. – 10:30 a.m.**
3) Complete the Club/Agency Account Worksheet below to account for total amount of funds deposited. The accounting technician will issue a receipt for the amount received. A receipt and copy of the Deposit Form will be given to the representative at completion of transaction.
4) Club treasurers/account custodians should record the amount of deposit in their respective accounting books to reflect an up-to-date account balance.

Club/Agency Account Worksheet

Club/Agency Name: Psi Beta Date: Nov 22, 2010

Club/Agency Event: Water & candy sale

Amount of Deposit: $85.75 Deposit made by: Cori Baileaux

Check Date	Check #	Name	Amount
NOTE: Change Fund is returned with proceeds from fundraiser event.			
The original Change Fund was $50.00, therefore, the fundraiser generated $35.75 towards club funds.			
Total Checks:			

# of Bills	x Denomination	=Total
	100.00	$ 0.00
	50.00	$ 0.00
2	20.00	$ 40.00
1	10.00	$ 10.00
	5.00	$ 0.00
	2.00	$ 0.00
15	1.00	$ 15.00
Total Bills:		$ 65.00

# of Coins	x Denomination	=Total
	1.00	$ 0.00
1	0.50	$ 0.50
66	0.25	$ 16.50
15	0.10	$ 1.50
45	0.05	$ 2.25
0	0.01	$ 0.00
Total Coins:		$ 20.75

Total Checks: _____
Total Bills: $ 65.00
Total Coins: $ 20.75
Total Deposit: $ 85.75

Received by: _____

San Diego Mesa College
Student Affairs Office – Accounting Office
Club/Agency Deposit Form

Guidelines:

1) Revenues generated from a fundraising activity must be deposited with the Accounting Office within 48 hours of the activity for credit to the account.
2) Club/Agency funds for deposit are accepted at the Accounting Office (MV-16&17)
   Monday-Thursday **8:30 a.m. – 3:30 p.m.**
   Friday **8:30 a.m. – 10:30 a.m.**
3) Complete the Club/Agency Account Worksheet below to account for total amount of funds deposited. The accounting technician will issue a receipt for the amount received. A receipt and copy of the Deposit Form will be given to the representative at completion of transaction.
4) Club treasurers/account custodians should record the amount of deposit in their respective accounting books to reflect an up-to-date account balance.

Club/Agency Account Worksheet

Club/Agency Name: PTK Date: Nov 1, 2010

Club/Agency Event: Membership Drive

Amount of Deposit: $450.00 Deposit made by: Porgie Palentine

Check Date	Check #	Name	Amount
Oct 28, 2010	222	Smith, X	$ 75.00
Oct 22, 2010	17950	Carter, K	$ 75.00
Oct 28, 2010	0123	Sanders, J	$ 75.00
Oct 29, 2010	3329	Johnson, A	$ 75.00
Oct 29, 2010	4311	Walker, M	$ 75.00
Oct 22, 2010	117	Moss, S	$ 75.00
Total Checks:			$ 450.00

# of Bills	x Denomination	=Total
	100.00	$ 0.00
	50.00	$ 0.00
	20.00	$ 0.00
	10.00	$ 0.00
	5.00	$ 0.00
	2.00	$ 0.00
	1.00	$ 0.00
Total Bills:		$ 0.00

# of Coins	x Denomination	=Total
	1.00	$ 0.00
	0.50	$ 0.00
	0.25	$ 0.00
	0.10	$ 0.00
	0.05	$ 0.00
	0.01	$ 0.00
Total Coins:		$ 0.00

Total Checks: $ 450.00
Total Bills: $ 0.00
Total Coins: $ 0.00
Total Deposit: $ 450.00

Received by: _____

SAN DIEGO MESA COLLEGE
Associated Students Budget
2010 - 2011

A S F	BUDGET NUMBER	2010-2011 BUDGET	2010-2011 ACTUALS as of 10/31/10	2010-2011 BUDGET LESS ACTUALS	2010-2011 ENDING BALANCE as of 10/31/10
Revenue:					
Beginning Balance	71-7720-00000-000000-8801	84,299			84,299
Total Beginning Balance		84,299			84,299
Other Revenue					
Interest Revenue	71-7720-22021-696000-8863	150	87	63	87
Service Charges NSF Checks	71-7720-22021-696000-8884	100	0	100	0
AS Membership Dues	71-7720-22021-696000-8885	9,300	0	9,300	0
Miscellaneous Revenue	71-7720-22021-696000-8899	1,200	560	640	560
Student ID Card (Transfer-In from GF)	71-7720-22021-731000-8981	27,264	27,264	0	27,264
Vending (Transfer-In from GF)	71-7720-22021-731000-8981	20,448	20,448	0	20,448
Total Other Revenue		58,462	48,359	10,103	48,359
TOTAL REVENUE:		142,761	48,359	10,103	132,658
Expenditures:					
Classified Hourly Nonclassroom	71-7720-22021-696000-2301		500	(500)	500
Classified Salaries Pool	71-7720-22021-696000-2999	9,360	0	9,360	0
Mandated Benefits Non-Instructional	71-7720-22021-696000-3080		36	(36)	36
Contract Budgeted Benefit Pool	71-7720-22021-696000-3999	655	0	655	0
Supplies (Operating)	71-7720-22021-696000-4002		0	0	0
Printing	71-7720-22021-696000-4009		0	0	0
Supplies Budget Pool	71-7720-22021-696000-4999	2,300	0	2,300	0
Postage	71-7720-22021-696000-5001		20	(20)	20
Special Activities (Misc. Supplies)	71-7720-22021-696000-5008		436	(436)	436
Copy Machine Maintenance	71-7720-22021-696000-5155		67	(67)	67
Professional Services	71-7720-22021-696000-5303		0	0	0
AS Uncollectible Debt (Bk Loans, Checks)	71-7720-22021-696000-5505		0	0	0
AS Membership Promotions	71-7720-22021-696000-5602		4,209	(4,209)	4,209
AS Donations	71-7720-22021-696000-5604		0	0	0
AS Awards/Recognition	71-7720-22021-696000-5605		0	0	0
Miscellaneous Expenditures (i.e. Trfr to Clubs)	71-7720-22021-696000-5606		10,223	(10,223)	10,223
AS Special Events & Activites	71-7720-22021-696000-5607		0	0	0
AS Government Scholarship	71-7720-22021-696000-5611		0	0	0
AS Matching Funds (Clubs)	71-7720-22021-696000-5612		0	0	0
Telephone	71-7720-22021-696000-5803		0	0	0
Other Operating Expenses Pool	71-7720-22021-696000-5999	46,147	0	46,147	0
Equipment	71-7720-22021-696000-6402		0	0	0
Capital Outlay Budget Pool	71-7720-22021-696000-6999	0	0	0	0
TOTAL EXPENSES:		58,462	15,491	42,971	15,491
Reserve for Contingency	71-7720-22021-696000-7901	84,299			
TOTAL BUDGET 2010-2011		142,761	32,868	42,971	117,167

Actual as of 10/31/10	**Budget**	**Actual**
Budgeted/Actual Revenue	10,750	647
Revenue Transfer-In From Gen. Fund	47,712	47,712
Sub Total Revenue	58,462	48,359
Less Actual Expenses To Date	15,491	15,491
Current Ending Balance	42,971	32,868

San Diego Mesa College-Associated Students
Interior Design
July through October 2010

Date	Num	Name	Memo	Debit	Credit	Balance
9567-Club						
Interior Design						
7/1/2010	Beg. Bal.		Beginning Balance		2,812.78	2,812.78
10/21/2010	8623	National Kitchen & Bath Assn	9567-Int Dgn/Student Membership: Ashley Bailey	15.00		2,797.78
10/21/2010	8623	National Kitchen & Bath Assn	9567-Int Dgn/Student Membership:Breana Vargas	15.00		2,782.78
10/21/2010	8623	National Kitchen & Bath Assn	9567-Int Dgn/Student Membership: Joyce Link	30.00		2,752.78
10/21/2010	8626	Taylor Shanahan	9567-Int. Dgn/Reimb. for Student Exhibit	45.77		2,707.01
10/21/2010	8626	Taylor Shanahan	9567-Int Dgn/Reimb. Gift from Club Board Members	97.88		2,609.13
10/22/2010	Transfer		Transfer to ASG for Copier Code	20.00		2,589.13
10/26/2010	8629	Five Star Tours	9567-Interior Design/Tour Bus Rental/Inv. #10460 11/06/10	864.00		1,725.13
Total Interior Design				1,087.65	2,812.78	1,725.13
Total 9567-Club				1,087.65	2,812.78	1,725.13
TOTAL				**1,087.65**	**2,812.78**	**1,725.13**