

CSA Allocations

ing Funds Audit Form

er for Student Leadership and Service in the Ohio Union,
Obergefll within 30 days of the scheduled program date.
udits to the Information Center or Administrative Office.

be completed by the treasurer. If you are the program planner,
with the treasurer to ensure accuracy.

Received:_____
Program #_____

Vendor:_____
App. Amt:_____
Check Amt \$:_____
JE Amt \$:_____

Email Group:_____

FOR OFFICE USE ONLY

inization Name: Art Of Living Club

Yesplus Retreat 1.0 and 2.0

Sept 22nd, 2016

Directions

and fill out information for each receipt you are turning in.

be original, itemized, and legible in order to count towards the audit.

ceipt separately - do not total receipts within any category.

nter on receipts - it will erase the printing and your receipt cannot be audited. Use a pen to make

5-2016 Student Organization Guidelines for Fundable/Non-Fundable expenses for these categories.

cost,	Vendor(s)	Amount Spent	Explanation	Audited Amt. [Offi
nt	Ex. Southwest Mr. Brutus Staples	Ex. \$290 \$200 \$45.67	Ex. Speaker Flight Speaker Fee (waived) Printer cartridge, nametags	
	Art of Living Foundation	\$3500	The amount paid to license the content of the workshop and to get instructors to teach the same.	
al				

SES				

Program Evaluation

track of all the great things student organizations at OSU are doing, we ask that you fill out this mini evaluation received funding for. We ask that you are honest in your evaluation, as nothing stated here will affect future funding it to keep track of the exciting programs OSU students are putting on. Thanks!

Team: 46 Number of students at program: 42

For each program (include information such as topic of event, speaker presentation information, general feedback from you would make, etc):

as a super success; we had 50 people registered to attend the retreat, and about 90% of the participants completed the workshop through the last day. Feedback from the attendees was mind blowing and inspiring! We overshot our budget by a few hundred dollars but we could manage it.

Information presented in the audit is accurate and that this event did not generate income which profited the organization. I understand that any misinformation may jeopardize this organization's funding and result in judicial action.

lease print): PRASHANT SERAI

3:

Undergraduate Student Government Funding

Contract

Applicant, _____ PRASHANT SERAI _____, is submitting a funding proposal to The Undergraduate Student Government of The Ohio State University (herein referred to as "USG"). A "funding proposal" consists of this contract, any and all supporting documents, and any presentation(s) made in conjunction with the proposal.

Applicant must provide accurate responses to the following:

1. Registered Student Organization Name:
2. Number of Active Members:
3. Organization President:
4. Organization Treasurer:
5. Contact Name:
6. Contact Email:
7. Name of Event:
8. Date(s) of Event:
9. Amount Requested from USG:
10. Description of Event:
11. Event's Benefit to OSU and Organization:
12. Attach Budget and Documentation of Previous Fundraising:

Applicant understands that USG considers funding proposals on a weekly basis. USG does not guarantee that it will approve any funding proposals, and even if a funding proposal is approved, USG does not guarantee that the funds will be made available to Applicant. Applicant, by submitting this funding proposal, acknowledges that it has read and agrees to the following:

1. No funding proposals will be approved retroactively.
2. No funding proposals will be approved for an amount exceeding \$1,500.00.
3. **USG, upon majority vote of the Allocation's Committee, reserves the right to deny the reimbursement of funds for any reason.**
4. Under no circumstances shall the reimbursement to Applicant exceed the amount of the funding proposal approved by USG.
5. Reimbursements shall only be provided to Applicant upon USG's timely receipt of the above-listed items.
6. USG will only provide reimbursement for an event and/or items that is/are substantially similar in name, nature, and purpose to that originally approved as part of the funding proposal. The determination as to whether something is "substantially similar" is solely within the USG Allocations Committee's discretion.
7. Should the Applicant's funding proposal be denied, **Applicant's sole remedy shall be an appeal to the General Assembly of the Undergraduate Student Government of The Ohio State University.** Applicant shall bring such an appeal within 8 days of the USG Allocations Committee's denial of Applicant's funding proposal.

Applicant understands that funds will only be distributed to Applicant on a reimbursement basis. In order to be eligible to receive full reimbursement, Applicant must provide, within 21 calendar days of the event, all of the following:

- ☐ Any and all original receipts for the items for which reimbursement is sought.
- ☐ A detailed spreadsheet that matches the submitted receipts with each line item from the funding proposal's budget for which reimbursement is sought.
- ☐ An AP Compliance form, the USG Request for Payment, and the USG Funding Contract.
- ☐ A summary of the event, as well as a copy of any agendas, literature, or other materials created for or distributed in conjunction with, the event.

Applicant's failure to adhere completely to any or all of the terms and conditions contained within this funding contract constitute grounds by which USG can refuse to honor Applicant's reimbursement request, regardless of Applicant's adherence to the other terms and conditions contained herein.

Applicant, by submitting this application, acknowledges and agrees to the terms and conditions as stated herein. The person submitting this application further acknowledges and assents that s/he does so with the power and authority to bind Applicant to this contract.

Applicant Name: _____PRASHANT SERAI_____

Applicant Signature: _____

Date: _____Aug 23rd, 2016_____

**INSTRUCTIONS:**

In accordance with Internal Revenue Service and State of Ohio regulations, we are required to obtain the following information for all businesses and individuals to whom we make payments.

- Fill out all the information that applies to you/your business. ("Individuals" only fill out page 1)
- See Instruction pages for full details.
- Submit this completed form to your University contact.

Vendor Setup Form**Page 1: IRS Substitute W9****General Information**

Fill out all information that applies to you and/or your business.

OSU Employee Yes No

Individual Name*(First/Middle/Last)

OR

Legal Business Name*

(*As shown on your federal income tax return)

Business name/disregarded entity name (if different from above)

Address

City State County ZIP code

Phone FAX General E-mail

Remit To Address (if different from above)

City State ZIP code

Foreign Address (Required for Non-Resident Alien)

City State/Province/Region Postal Code/Country

Federal Tax Classification

Select ONE Classification and provide all other applicable information.

Individual* → Date of Birth (MM/DD/YYYY)

*ONLY FILL OUT PAGE 1

Required by State Law

____/____/____

Select type: US Citizen

Resident Alien*

Non-resident Alien*- Country of Citizenship: _____

*Additional documentation may be required. See instructions for details.

Sole Proprietor → Date of Birth (MM/DD/YYYY)

Required by State Law

____/____/____

C Corporation

S Corporation

Partnership

Trust/estate

LLC= C Corporation

LLC= S Corporation

LLC= Partnership

Other
List type

Government/ Tax exempt agency

Exemption from
[FATCA](#):

Reporting code (if Any)

Exempt payee code (if Any)

Taxpayer Identification Number

Select ONE and complete box below.

Federal Employer Identification Number (FEIN)

OR

US Social Security Number

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Certification

Under penalties of perjury, I certify that I am exempt from backup withholding and/or FATCA reporting, and that the information shown on this form is correct to my knowledge. I am a U.S. citizen or other U.S. person as defined in IRS Form W-9 Instructions.

I certify that I have read and understand The Ohio State University Wexner Medical Center's [Vendor Interaction Policy](#), and will abide by it.

Print Name Date

Signature (Original Ink Only) Title

**INSTRUCTIONS:**

The Ohio State University, Office of Sponsored Programs and The Ohio State University Wexner Medical Center require this form for all vendors (Individuals excluded)

- Fill out all the information that applies to you/your business.
- Submit this completed form to your University contact.

Vendor Setup Form**Page 2: Vendor Profile and Business Status Certification****Business Information**

Individual Name* (First/Middle/Last)

OR

Legal Business Name*

(*As shown on your federal income tax return)

Business name/disregarded entity name (if different from above)

Contact Person, Title

Website

DUNS Number

Standard F.O.B.

Check all that apply:

Construction

Distributor (Whole Sale Trade)

Educational Institution

Government

Manufacturer

Non-Profit

Retailer

Other _____

Foreign (Foreign entities are required to provide an appropriate [W-8 form](#))

Place of performance: United States Other Location: _____

Payment Information

See Instruction page 4 for further details

Payment Method:

[OSU EFT Form](#) or [OSUWMC EFT Form](#)**Federal Supplier Certifications US-based Suppliers Only**

Complete the following section with classification status as defined in [Federal Acquisitions Regulations](#) (FAR) 19.1. It is recommended that you register your company with the U.S. System for Award Management: <https://sam.gov/portal/public/SAM#1#1SAM>

Check all that apply:

Small Business: Number of Employees _____

Large Business

Woman-Owned Business

Veteran-Owned Business

Service-Disabled Veteran

Disadvantaged Business (Minority)

Located in Hub zone

Alaska Native Corporations and Indian Tribes

Historically Black Colleges & Universities/ Minority-based Institutions

Ohio Supplier Certifications Ohio-based Suppliers Only

Complete the following section for all applicable Ohio supplier certifications below; see <http://thinkohiofirst.ohio.gov/>.

Minority Business Enterprise (MBE). See <http://das.ohio.gov/edu/eod/eodmbeoff.htm> to verify status and attach your current MBE certification letter.

Encouraging Diversity Growth & Equity (EDGE). See <http://das.ohio.gov/eod/Edge/Index.htm> to verify status/ attach your current EDGE certification.

Ohio-Based Suppliers reference Buy Ohio ([Ohio Revised Code](#) Sections 125.09 and 125.11).

No Findings for Recovery: The Supplier warrants that it is _____ or is not _____ subject to any "unresolved" finding for recovery under Ohio Revised Code Section 9.24.

Name of **County** where business is located: _____**Certification**

Under penalties of perjury, I certify that the information shown on this form is accurate. I certify that the company's principals and/or directors are not public employees which include The Ohio State University. Section 2921.42 of the Ohio revised code prohibits public employees and their families from contracting with The Ohio State University in most instances. I also certify that the company is not debarred in accordance with Federal Acquisition Regulation (FAR) Section 9.4 from receiving federally funded procurements and I certify that the company has no "unresolved findings for recovery" under Ohio Revised Code Section 9.24.

Also, by signing below, the company agrees with The Ohio State University Office of Sponsored Programs' standard purchase order (PO) terms and conditions available online at: <http://osp.osu.edu/documents/purchasing/OSURFTermsAndConditions.pdf> and/or

The Ohio State University Purchasing Department standard PO terms and conditions available online at:

http://purchasing.osu.edu/FileStore/PDFs/OSU_TermsAndConditions.pdf and/or

The Ohio State University Wexner Medical Center standard PO terms and conditions available online at:

http://medicalcenter.osu.edu/SiteCollectionDocuments/ematerials/OSUHS_PO_Terms_and_Conditions.pdf

*Important: If a potential for conflict of interest exists, or the company is prohibited to sign, or cannot agree to the certifications and all applicable PO terms and conditions; return completed form unsigned with an attached explanation.

Print Name

Title

Signature (Original Ink Only)

Date

The Ohio State University reserves the right to request information concerning, but not limited to: financial status of applicant, business references, names of principal shareholders of corporation, and equal employment opportunity compliance.

*If you do not respond to inquiries for the above information, your name may be removed from our supplier database.



Vendor Setup Form Instructions

Thank you for your interest in The Ohio State University. This form is used to add a new vendor to the vendor database, or to change information to an existing vendor. Purchase orders and payments can only be issued for vendors that are in the database. We have provided this information to assist you in completing the required University form.

Return the completed form to your University contact. (Page 1 and 2 only)

All information on this form is required unless noted.

Note: If the tax classification of "Individual" is selected, complete only page 1. All others must complete both page 1 and 2.

Page1: IRS Substitute W-9

Page 1 of this form is a Substitute W-9. Per the IRS, "If you are a U.S. person and 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." (<http://www.irs.gov/pub/irs-pdf/fw9.pdf>)

General Information

OSU Employee	Check YES or NO if you are currently an OSU employee. If you select yes, you will be contacted for further information.
Individual or Legal Business Name	Enter the complete Individual or Legal business name. This is the name used with the IRS.
Business/Disregarded entity name (DBA)	Enter if applicable. (DBA= Doing Business As) certain vendors may use a business name that is different than the name they use with the IRS.
Addresses	Enter all applicable addresses: Address-Payee's residence or Order-to location. Remit To Address- Address where payment should be sent. Foreign Address- Required for all Non-resident Aliens; must include US address if currently residing in the US.
Phone/Fax/Email	Enter all information.

Federal Tax Classification

Tax Classification	<p>Check the appropriate box (as defined by the IRS. Reference IRS form W-9 Specific instructions, Page 2, Name.)</p> <ul style="list-style-type: none">Individual*: If you are an individual, also provide your date of birth *You only need to fill out page 1 of the form<ul style="list-style-type: none">Check one of the following as it pertains to you:<ul style="list-style-type: none">US CitizenResident AlienNon-Resident Alien: provide your country of citizenship. If already in the US or coming to the US, provide copy of your passport and proof of visa type. You may be contacted for further information.Sole Proprietor: provide your date of birthOther: provide tax classification if not listed on formFATCA: http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA<ul style="list-style-type: none">Enter your reporting and exempt payee code (if applicable)
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Taxpayer Identification Number

Enter the IRS issued Federal Employer Identification Number (FEIN) or a Taxpayer Identification Number (TIN). Individuals must list their Social Security Number (SSN). This will be a nine digit number.

Certification

Enter your name, date and title. Signature must be in ink; electronic signatures are not acceptable at this time.



Page2: Vendor Profile and Business Status Certification

Business Information

Individual or Legal Business Name

Enter the complete Individual or Legal business name. This is the name used with the IRS.

Business/Disregarded entity name (DBA)

Enter if applicable. (DBA= Doing Business As) certain vendors may use a business name that is different than the name they use with the IRS.

Enter all information as requested

If Foreign entity is selected, you must provide an appropriate W8 form (as required by the IRS)

<http://www.irs.gov/> (search W8)

Payment Information

The preferred method of payment for The Ohio State University is EFT (Electronic Funds Transfer) via Automated Clearing House (ACH). OSU, OSU Office of Sponsored Programs and OSU Wexner Medical Center have separate Purchasing and Accounts Payable departments and require unique enrollment forms. Please follow the instructions for how to complete and return it along with the other required new vendor paperwork. If you are unsure of which unit you are working with, please ask the person that provided you with the new vendor forms.

Federal Supplier Certifications US-based Suppliers Only

Complete this section with classification status as defined in [Federal Acquisitions Regulations](#) (FAR) 19.1. It is recommended that you register your company with the U.S. System for Award Management: <https://sam.gov/portal/public/SAM#1#1SAM>. Select all that apply.

Ohio Supplier Certifications Ohio-based Suppliers Only

Complete this section for all applicable Ohio supplier certifications; see <http://thinkohiofirst.ohio.gov/>

Attach additional documents as necessary.

Verify No Findings for Recovery and select appropriate box.

Indicate the name of the **county** where the business is located in Ohio.

Certification

Read and understand the certification.

Enter your name, date and title. Signature must be in ink; electronic signatures are not acceptable at this time.



PAYMENT

Student Government Request For Payment

SG BRANCH

- ☐ USG
☐ CGS
☐ IPC

OFFICE PICK-UP

- ☐ Check to hold
for pick-up by
union staff

CHECK APPROPRIATE FORM OF PAYMENT

- ☐ Purchase Order
☐ Purchasing Card Preferred (under \$1000 only)
☐ Payment to OSU Vendor (100W)
☐ Payment to Student Organization
☐ Payment to Individual (Includes reimbursements)

Office Use

**FOR OFFICE
USE ONLY**

ORG	FUND	ACCOUNT	PROJECT	PROGRAM	USER DEFINED	AMOUNT

PAYEE

Vendor Name/Student Organization Name

Street Address

City/State/Zip/Country

Description of Student Organization

Vendor/Student Organization Contact

Name

E-mail

Phone number

PAYMENT

Amount Requested

\$

Attach all supporting documentation as applicable (may include):

- ☐ Senate bill
☐ Funding Contract
☐ Itemized receipts
☐ Invoice

- ☐ Budget
☐ Travel Documentation
☐ AP Compliance form

Event Date

Event Location

Event Audience

Food at Event ☐ Yes ☐ No

Describe the event

*(Business purpose or
Reason for Request)***Please be Specific**

APPROVAL

BY INITIALING THIS FORM YOU CERTIFY THAT THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE

Date Submitted

Requestor name

Requestor e-mail address

Gov.Treasurer approval/record to budget

Advisor approval

Date

(Check will cut within 30 days of Date Submitted)