

Division of Financial and Business Services

**CHECKLIST FOR ALL REIMBURSEMENTS**

**Associated Students of the School of Pharmacy**

**Dean Subsidy Account**

**☐ All forms have been completed and signed by the individual who made the purchase to be reimbursed, i.e., the reimbursee.**

**☐ All forms will be submitted by the designated deadline (2 weeks after the event or as designated by the ASSP Vice President of Finance.)**

☐ The expense or event is considered to be **professional** in nature and **reasonable** in terms of price, purpose, and necessity.

☐None of the reimbursement expenses listed are **“Government Unallowable Expenses”** including:

* Alumni Events (including fundraising expenses)
* Commencement (including student graduation parties)
* Development (including promotional gifts to donors)
* Public Relations (including banquets and advertisements)
* Student Activities (including contributions to student organizations and events; fundraising)
* Alcoholic beverages
* Contributions/donations
* Fines/penalties
* First class airfare
* Flowers/gifts
	+ Note: gifts for speakers, preceptors, and professional guests are reimbursable through the Dean Subsidy up to $75.00 per recipient, with the appropriate documentation. If a gift is given, the first and last name of the gift recipient must be disclosed.

**☐** None of the reimbursement expenses listed are **prohibited by the Business Office** including:

* Business cards
* Taxicab rides
	+ *Note: ridesharing services such as Uber or Lyft are reimbursable if a valid receipt and appropriate documentation are included.*
* Gas
* Rental cars
* Food for non-professional events (i.e. organization general or board meetings)
* Banquet expenses
* Organization board member gifts
* Parking for USC employees or students
	+ Note: parking for non-USC affiliated guests is permissible as long as the first and last names of the recipients are disclosed on the reimbursement form. Parking for USC employees or students will not be reimbursed.

*It is advised to make a copy of this for your records, prior to submission to the ASSP Vice President of Finance.*

***Incomplete and late forms are subject to delays and nonpayment.***

**NON TRAVEL EXPENSE REPORT CHECKLIST**

**Please ensure that the following information and documentation are included in your reimbursement:**

**☐ Non Travel Expense Report**

☐ **Student Body Organization Name**

 ☐ The business purpose lists the name of event and date of event

☐ The contact information of the student making the purchase is listed

☐ The **total reimbursement is indicated** (and is equal or less than the cost of the expense)

☐ The form is **signed and dated** by the individual who made the purchase

 **☐ Receipt(s)**

 ☐ Receipts are taped to a plain 8.5” x 11” sheet of paper.

☐ Receipts that are too long to fit on one sheet of paper have been cut and attached separately.

☐ Receipts include each of the following:

* Name of merchant
* Amount of charge
* Itemized list of purchases
	+ *Note: Receipts that only list the purchase total or include vague descriptions, such as “Miscellaneous,” are not acceptable. The receipt must clearly list each item or service purchased.*
* Form of payment (must be in the name of the individual who made the purchase)
* Transaction date
* Tax/delivery charges (if applicable)

☐ Receipts do not include personal purchases.

**For credit card purchases:**

**☐** The credit card should belong to the student being reimbursed (not his or her parent, spouse, organization, etc)

☒ A credit card statement is included which indicates the name and/or the last four digits of the credit card number of the student

**For check purchases:**

**☐** The check is written from the student’s personal bank account (not the organization’s bank account)

☐ An image of the cleared check is included

 ☐ **For conferences, the following are included:**

 **☐** A copy of the attendee’s conference registration confirmation.

 ☐ The attendee’s original conference badge, taped to a plain 8.5” x 11” sheet of paper.

 ☐ A signed checklist of minimum required conference events.

☐ **For gift, gift card, and parking purchases, the first and last name(s) of all recipients are included.** *Note: parking pass recipients cannot be USC employees or students.*

**☐ For food purchases, the number of attendees is indicated. If 10 or fewer individuals attended the event, the first and last names of all attendees are disclosed.**

 **☐ All forms are paper clipped together and single-sided, not stapled.**



Division of Financial and Business Services

**NON TRAVEL EXPENSE REPORT**

**Associated Students of the School of Pharmacy**

**Dean Subsidy Account**

|  |  |
| --- | --- |
| Student Body Organization Name: |  |
| Date of Event: |  | Name of Event: |  |
| Student Body Organization Student Representative Who Made the Purchase: |
| Last Name: |  | First Name: |  |
| Address: |  | Zip Code: |  |

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @usc.edu

*List each receipt separately.*

*Provide the name of the company / business along with the item description and/or purpose.*

*If food was provided at this event, please list the number of attendees under “Qty.”*

*If guest speaker gifts were purchased, list the complete names of the recipients under “Description.”*

*List names of gift recipients (if applicable).*

*Mount all receipts on 8.5” x 11” sheets of paper using clear adhesive tape.*

*Use a paperclip to attach all sheets of paper together; do not staple sheets together.*

*It is advised to make a copy of this for your records, prior to submission to the ASSP Vice President of Finance.*

***Incomplete and late forms are subject to delays, reduced reimbursement, and/or nonpayment.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Purchase** | **Description** | **Qty.** | **Amount** |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
| Total Reimbursement: | $ |

**This is an accurate report of my expenses. There are no “government unallowable” expenses, as defined in the Dean Subsidy Expenditure Guidelines.**

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| --- | --- | --- |
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Reimbursee’s Signature Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

ASSP Vice President of Finance’s Signature Date

Received by ASSP Faculty Advisor, S. H. Park on \_\_\_\_\_\_\_\_\_\_\_\_\_ (date) part of invoice #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Events Serving Food**

*a.) Please list the number of attendees if food was served at the event. -or-*

*b.) If 10 or fewer individuals attended the event, please list the names of each attendee.*

|  |  |
| --- | --- |
| **a.) Number of Attendees:** |  |
| **b.) Complete First and Last Name of Each Attendee if** **≤ 10 attendees *(no abbreviations*):**  | **1.****2.****3.****4.****5.****6.****7.****8.****9.****10.** |

**Parking Recipients** *(Complete first and last names of all individuals is required):*

*Please list the name of all USC Parking Pass recipients.*

*Students may not be reimbursed for parking purchased for USC Employees.*

|  |  |  |
| --- | --- | --- |
| **First name, Last name**  | **Affiliation** (e.g., company name, alumni) | **Indicate Speaker or Preceptor** |
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**Gift Recipients** *(Complete first and last names of all individuals is required):*

*Please list the names of all gift recipients. A name must be listed for each gift purchased.*

*Alcohol will not be reimbursed.*

|  |  |  |
| --- | --- | --- |
| **First name, Last name**  | **Gift purchased** (general description)  | **Indicate Speaker/ Preceptor/ Faculty** |
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