Senate Bill Reimbursement Application

NAU Policies:

NAU has adopted a Net 30 policy in which outside “vendors”, including registered clubs/organizations and non-NAU employees, will receive their reimbursement check(s) 30 calendar days AFTER their payment requests have been submitted and approved - (aka 1st business day after event has occurred and all receipts have been received).

Per EMSA Financial Services, receipts dated more than 60 calendar days from the date the payment request paperwork is submitted from ASNAU, with the exception of registration fees, will not be reimbursed.

Clubs and Organizations, groups and individuals have 10 business days after an event has occurred to turn in all required materials for any applications to be considered.

DEADLINE INFORMATION

Reimbursement packets are available on the first day of each semester and may be submitted any time BEFORE an event. Applications submitted more than 10 business days after an event will not be accepted. Plan accordingly for dates during winter and summer break.

ASNAU will not accept reimbursement applications after 5 PM on the following dates:
  FALL 2019 - November 12th, 2019
  SPRING 2020 - April 14th, 2020

There are NO EXCEPTIONS to this policy. Failure to submit an application within the required timeframes will result in automatic denial.

REIMBURSEMENT CAPS

Fiscal year:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Individual</td>
<td>$1,000.00 per fiscal year</td>
</tr>
<tr>
<td>Groups of three or more</td>
<td>$2,000.00 per fiscal year</td>
</tr>
<tr>
<td>Registered Clubs/Organizations</td>
<td>$2,000.00 per fiscal year</td>
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I ____________________ have read these policies. I understand and agree to the above policies. I understand failure to adhere will result in denial.

Signature: ____________________________ Date: ____________
Per ASNAU Bylaw’s Articles XXXIII and XXXIV, and ASNAU policies, ASNAU will **NOT reimburse for the following expenses:**

- Uber/Lyft as ground transportation
- AirBnB or non licensed forms of lodging
- Parking fees not specified BEFORE event in estimates
- Activities that subsidize University administration services
- Activities/services/programs more appropriately and effectively performed by ASNAU or a University department
- Salaries/Wages
- Scholarships/Cash awards/Prizes/Trophies/Monetary incentives
- Food not provided by Sodexo Catering
- NCAA affiliated organizations
- Uniforms/Jersey’s/Equipment to be kept and reused by organizations
- Computer equipment/Bookkeeping supplies/Office Supplies
- To reimburse another organization
- To repay debts
- Events that are discriminatory in any way
- Subscription/Membership fees
- Events/items paid for with an NAU Purchase Card
- Insurance of any kind (flight, car, etc.)
- Funds for charities
- Contributions/Gifts/Donations
- Academic materials
- Any event or program which provides and serves alcoholic beverages
- Mailing expenses
- Entertainment not made available for the entire student body population
- Non NAU Students
- Graduate Students
- Events/Programs that earn or offer course credit
- Any student names not included in application
- Any items or purchases not included in application/senate bill
- Fundraising options were not sought out
- Applications that do not include all required information and signatures
- Hotel/Lodging that does not meet University limit requirements

**As a new ASNAU policy, reimbursement receipts will not be accepted if from Venmo, Paypal, etc.**

**Any and all reimbursement requests are subject to denial by the ASNAU Senate and ASNAU President.**

I, ________________________, have read the items not reimbursable. I understand and agree to these terms. I understand failure to adhere will result in denial.

Signature: ________________________________ Date: __________
Reimbursement Process

1. After an application is submitted it will be sent to a senator who will have one week to review the application and create a senate bill. The senator may contact the individual or group who submitted the application with questions for clarification to create the senate bill. **Failure to reply to the senators questions could result in application denial.** Once the bill is created, the senator will contact the individual or group to have a representative attend two MANDATORY meetings.

2. A representative will be asked to attend the MANDATORY appropriations committee meeting. A representative is required to attend this meeting, failure to attend will result in denial of reimbursement application.
   Appropriations Committee Meeting: Mondays 7:00 PM - 8:00 PM in the ASNAU Office (Room 206 of the University Union)
   If approved by the Appropriations committee, the bill will be sent on to our senate meeting.

3. A representative will be asked to attend the MANDATORY Senate meeting. Failure to send a representative or to send a report of the event to the senator in charge of your bill will result in denial of reimbursement application.
   Senate Meeting: Thursdays 4 PM - 6 PM in Havasupai A/B
   Be prepared to report the following information to the senate:
   a. A detailed explanation of why you or your student organization is requesting reimbursement.
   b. How the event will benefit yourself as an individual, your group, or your organization.
   c. How the event will benefit the student population, NAU, and the community as a whole.

If approved for reimbursement.....

The following needs to be submitted to the ASNAU office within 10 days after the event or the Senate Bill and application will no longer be considered valid.

1. Original zero balance (itemized) receipts for approved expenses (i.e. transportation, fuel, registration, lodging, etc.)
   a. Receipt must show the date of purchase/payment, what was purchased, method of payment, who the payment was made to.
   b. Receipts for plane tickets, train tickets, etc. must include the names of who the tickets are for.
   c. Gas receipts must be labeled as follows: Vehicle 1, Vehicle 2, etc.
d. Bank statements, credit card statements, paypal or venmo receipts will not be accepted.

Once all required receipts are submitted, your entire application will be scanned to our Financial Services Office for further processing. If paperwork is in order, they will forward your application to the NAU Purchasing Office, where your reimbursement check will be printed and cut 30 days from the date ASNAU originally submitted it to the Financial Services Office (See Net 30 Policy page 11).

Gas Reimbursement Process

To assist in ensuring accurate gasoline reimbursement, ASNAU has mirrored NAU and state practices:

1. Gas tank will be filled up prior to leaving Flagstaff, this will not be reimbursed.
2. Gas tank will be filled up as needed during the trip.
3. Gas tank will be filled up upon returning to Flagstaff, this will be reimbursed.

4. **An attachment of a Google Maps printout of route and distance to and from destination is required in order to be reimbursed for fuel costs.**

Receipt Extension

If at any time, you or your organization foresee that you will not be able to submit receipts by your appointed deadline, you have the option to instead submit a receipt extension form by 5 PM the day of your deadline. These forms will be available in the ASNAU office ONLY.

I, ____________________________, have read the reimbursement process. I understand how the process works and agree to provide representation where required. I understand that by not adhering to this policy my application will be denied.

Signature: ____________________________ Date: ________________
Please print clearly and provide all of the following information. All questions must be answered in order for application to be considered.

Who is applying for reimbursement?

☐ Registered Club/Organization: ____________________________________

☐ Individual(s)/Group (Please include ALL names): _______________________

____________________________________________________________________

Title of Event(s): ________________________________________________

Total amount being requested: ______________________________________

Estimated total cost: _______________________________________________

Date(s) of event(s): _______________________________________________

Date(s) of travel: _________________________________________________

Location(s) of travel: _____________________________________________

Please check what the reimbursement will cover

☐ Room Rental: _________ ☐ Car Rental: _________

☐ Sodexo Catering: _________ ☐ Gas: _________

☐ Flight: _________ ☐ Parking*: _________

☐ Equipment Rental: _________ ☐ Hotel/Lodging*: _________

☐ Registration: _________ ☐ Transportation: _________

☐ Guest Speaker/Performer*: _________

☐ Other: ____________________________

*Required Documentation: NAU Contract approved by Student Unions & Activities by receipt deadline.*

*Parking costs must be within a certain price range, dependant on area and time of year for travel, per state law, please see front desk for details.*

*Hotel/Lodging must be within a certain price range dependant on area and time of year for travel, per state law, please see front desk for details.*

How will the event benefit you/your group and/or club/organization?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

How will the event enhance, enrich or educate NAU students and the campus community?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Will you be receiving funding or reimbursement from any other sources or on campus departments?

☐ Yes (if so list source): _________________________________

If Foundation Account, list balance and amount that will be contributed to this event. _________________________________*

☐ No

*Please contact student.life@nau.edu with questions regarding NAU Foundation Accounts.*

What will yourself (individual)/ club or organization be contributing to the event?

Amount of contribution: _____________________________

What will this contribution be covering? _________________________________

_______________________________________________________

_______________________________________________________

Have you or your registered club/organization received approval for reimbursement from ASNAU this academic year (2019-2020)?

☐ Yes (if yes, how much were you approved for?): _____________________________

☐ No

Contact information

Name: ___________________ NAU Email: ___________________

Name: ___________________ NAU Email: ___________________

Name: ___________________ NAU Email: ___________________

Please attach the following items with your reimbursement application:

- Event Flier/Poster
- Conference/Tournament/Event Itinerary or Website Screenshot
- List of group/club attendees

I, ____________________________, have provided all required information. I understand that any missing information could result in denial of my application. I understand that if contacted for additional information, I will provide the requested information.

Signature: ______________________________ Date: _____________
Reimbursement Check Information

Beginning Summer 2018, EMSA Financial Services, has implemented a new policy regarding payment/reimbursement in which checks can only be made out to “Registered Vendors”. Thankfully, all that is needed in order to get you or your club/organization registered as a “vendor”, is to complete the form that is attached at the end of this application and submit along with this document.

*Please note, without the attached form, your application will not be processed and you will not receive a check.*

I/we/my club/organization have previously submitted a vendor registration form, and do not need to complete another one.

☐ Yes  ☐ No

If a group or three person reimbursement packet, how would you like the funds to be reimbursed?

☐ One check for the full amount made out to: _______________________

☐ Individual checks made out to each student.

* All students must complete and submit a vendor registration form.

If a registered club/organization, your check will be made out to your club.

* Note: Your club/organization’s tax identification number (TIN) will be requested on the vendor registration form. This information can be obtained from your club’s banking institution.

* Please list the individuals from your club/organization who will be authorized to pick up your reimbursement check:

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<th>Name: ___________________</th>
<th>NAU Email: ___________________</th>
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Reimbursement Application Agreement

Please read and initial each line:

_____ There is an attached printout/flier/itinerary/screenshot of the event

_____ I/my club or organization have read what ASNAU will not reimburse
    ● ASNAU By-Laws
    ● 60 day receipt policy - exception: registration fees

_____ If requesting gas reimbursement:
    ● There is an attached Google Maps printout showing the route and distance to and from the destination.
    ● I/my club or organization understand and will adhere to the process for gas reimbursement

_____ If requesting club reimbursement, I/we understand that the reimbursement check will be made out to the club and not an individual club member.

_____ If requesting individual/group reimbursement, I/we understand that the reimbursement check will only be made out to the student(s) listed on the application.

_____ I/we have completed the required Vendor Application Form(s)

_____ I/we/my club or organization understand and acknowledge
    ● This is a reimbursement process - payment will be processed \textit{AFTER} event(s) have passed
    ● Only receipts that reflect the dates I/we have listed on the funding packet will be reimbursed
    ● The Net 30 Policy
    ● This request is not a guarantee of funding and ASNAU may deny funding for any reason

_____ I/we/my club or organization members have each paid the ASNAU 23 Fee

_____ The information provided in the application is correct and accurate

_____ This application is subject to denial by the ASNAU Senate and President

I, _____________________; representing _____________________; hereby agree that I have read and understand all of the information in the Senate Bill Reimbursement Application.

Signature: ________________________________ Date: __________