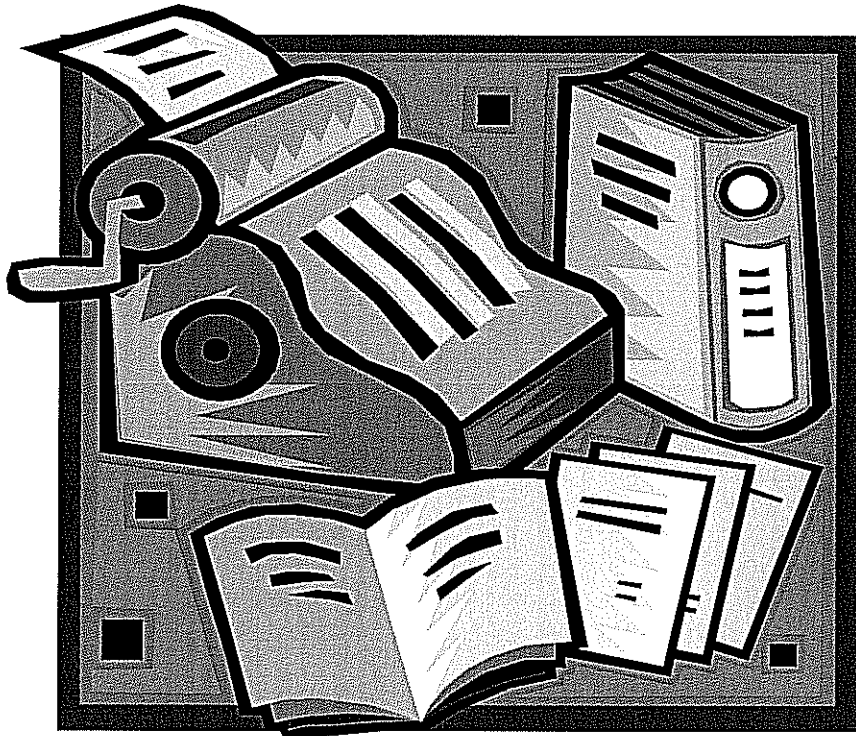


ASMSA

Finance Reference Manual



Produced by the Finance Department for Welcome Week 2011

FINANCE REFERENCE MANUAL

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Arkansas School for Mathematics, Sciences, and the Arts

New Employee Checklist

- ___ TB testing complete and “Employment Card” to Human Resources
(requires 2 tests from local Health Dept must make appt. #624-3394)
 - ___ “Official” Transcripts delivered to HR (x5131)
 - ___ ARKANSAS Driver’s License delivered to HR
 - ___ Teaching license to HR – if required
 - ___ Fingerprinting Complete with HR
 - ___ New Hire Packet complete and returned to HR
(must have asap in order to be added to payroll)
 - ___ Benefits Packet complete and returned to HR
(must be returned within 31 days, no exceptions)
 - ___ ID Badge received from Security (x5153)
 - ___ Vehicle Registration form delivered to Security & Parking Sticker received
 - ___ Obtain Employee Handbook and Constitution from HR
 - ___ Phone Code and Voyager Pin received from Receptionist in
Administration (x5100)
 - ___ Copier Code received from Kim Singleton (x5114)
 - ___ Keys received from supervisor
 - ___ Email address will be received from Networks
-

Note: Please keep up with this list to assure you have everything complete.

NEW EMPLOYEE INFORMATION

When you begin employment at ASMSA, you will receive a letter with your ID number. This will be a five-digit number beginning with a "1". You will need this number when completing Finance forms or using a gas card in the school vehicles.

Copier code – Kim Singleton in the Dean of Academic Affairs office will set up your copier code for the copiers on campus. Currently that is the last four digits of your social security number.

Computer issues – The Networks department maintains and services all school computers and laptops. If you are having technical issues, you can mail e-mail them at techsupport@asmsa.org

E-mail address – Typically you will have an e-mail before or soon after you start working. The standard e-mail naming convention is lastnameinitial@asmsa.org unless it is already being used.

ID badge – You will need to visit the Security Office found at the front doors of the Residence Life Building. They will ask you for your name and title, and whether you are faculty or staff. This ID badge is to be worn at all times to identify yourself as an employee.

Keys – Typically you will the keys you need to open your space from your supervisor upon hire. If no keys are available, your administrator can contact the Maintenance Department for assistance.

Mailbox – There is a mailroom for employees located on the first floor of the Administration Building, to which Sabrina Packard distributes incoming mail. There is also a mailroom for employees that work in the Residence Life Building, to which Sharon Brown distributes mail. The mail in the Distance Education Complex is distributed by Jana Hardage.

Mail machine – Mail that is to be sent out for official business can be taken to Sabrina Packard, the Receptionist at the Front Desk in the Administration Building. Mail being sent out for personal reasons will require payment at the time of service.

Parking - In order to get a parking sticker for your car, you will need to complete the Staff Vehicle Registration Form and turn it in to Security in the Residential Life Building. The parking sticker allows Security to know which vehicles are authorized to be on campus.

Telephone code – Sabrina Packard will assign your long-distance telephone code. The code will be included on the letter you are given with your employee ID number. If this letter was not provided to you, contact Sabrina.

Toner - Networks maintains the toner stock for the network and color printers on campus. If your printer is out of toner, e-mail techsupport@asmsa.org

Vehicle Reservation – The School has several mini-vans and a car available for ASMSA employees on official business. Security staff maintains the vehicle registration process because someone is on duty twenty-four hours a day. You should e-mail the Security Supervisor, Kevin Abbott at abbottk@asmsa.org , to make a reservation.

Voyager fuel card – Voyager is the state credit card company that we are required to use for school vehicles. When you pick up a school vehicle, you will be given a binder with a gas card in it. Your PIN is provided on the new employee letter you were given with your ASMSA ID number on it. Also, when renting a vehicle from the Hot Springs area, Melissa Davis will provide you with a package containing a Voyager fuel card.



Arkansas School for Mathematics, Sciences and the Arts

To: JaNan Abernathy

From: ASMSA Finance Department

RE: Employee Identification Number

Date: 7/25/2011

Below is your ASMSA employee identification number. This number is to be used on travel forms, leave request sheets, etc. DO NOT USE YOUR SOCIAL SECURITY NUMBER OR ANY VARIATION OF IT.

Your ASMSA ID: 10103

This number will also be used as your pin when you use the Voyager fuel cards in the school vehicles.

Your long distance telephone code is: _____

Your Admin copy machine code will be the last four digits of your SSN. Please contact Kim Singleton to set up your code.

Please take a moment to verify your current mailing address and telephone number. If these are not correct, please contact Loretta immediately.

6 Kings Mountain Court
Little Rock, AR 72211

(501) 223-2006

For Finance Department questions, please contact the following:
Payroll & Human Resources - Loretta Jackson, x5131
Travel, Accounts Payable & Inventory - Melissa Davis, x5150
General Accounting & Purchase Orders/Requisitions - Ashley Smith, x5118
Budget & General Accounting - JaNan Abernathy, x5112

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**HUMAN
RESOURCES
INFORMATION**

SUPERVISOR'S NEW EMPLOYEE FORM

The Supervisor's New Employee Form must be completed by supervisors prior to the start of employment of a new employee. Complete this form and obtain appropriate signatures before delivering to Human Resources. This form must be turned in before the first day of employment of the new employee. This form is to assure that all persons of authority are aware of the new employee and agree with the recommended salary.

1. Go to ASMSA website <http://asmsa.org/facultystaff-resources> .
2. Click on Human Resources at the bottom of the page.
3. On the right of the HR page, you will see "Supervisor's New Employee Form" double click and open the form.
4. Print the form.
5. Fill in the employee name, department, position, degree (if required for position), begin work date, and recommended salary.
6. Sign on "Hiring Official Signature" line and add date of signing the form.
7. Complete the "Summary of Qualifications" section of the new employee.
8. Obtain signatures from ALL listed on the form. This is verification that each person is authorizing the hiring of the new employee and/or approving the salary recommended.
9. Attach the employee's resume' to the form. Notify the employee that HR will need 2 forms of ID in hand, no copies (preferably driver's license and social security card). HR will also need "Official" transcripts.
10. After all signatures are obtained, deliver to Human Resources with resume' attached.

Call Human Resources at x5131 with any questions.



Arkansas School for Mathematics, Sciences, and the Arts
Supervisor's New Employee Form

Name: Jane Doe

Department: Math

Position: Teacher

Degree (if required): Master's - Math

Date to begin work: 08/01/11

Recommended Salary: \$ 37,000.00

Hiring Official Signature: _____ Date: _____

Finance Approval Signature: _____ Date: _____

Director's Approval Signature: _____ Date: _____

Summary of Qualifications:

Ms. Doe has a master's Degree in Mathematics and
10 yrs. experience teaching math.

Human Resources Office Requirements:

- Resume – (please attach to this form & return to Human Resources)
- Driver's License (HR must see original)
- Social Security Card (HR must see original)
- "Official" Transcripts (if position requires a degree)

Note: Please deliver to Finance to review and to Director for approval signature. Please forward to Human Resources once signatures are complete and before the first day of employment.

REQUEST FOR LEAVE FORM

If an employee will be absent from work, it is his/her responsibility to notify the supervisor immediately. A leave form must be completed in advance if the absence is planned or upon return to work if the absence is due to an illness or unplanned circumstances. All absences require a completed leave form and can be taken in increments of ¼ hour.

1. Go to ASMSA website <http://asmsa.org/facultystaff-resources>
2. Click on Human Resources at the bottom of the page.
3. On the right of the HR page, you will see "Leave Request" double click and open the form.
4. Input your name and ID# (this number is assigned to each employee by Human Resources upon employment and IS NOT the same number as your phone code)
5. Input the date and time your leave begins
6. Input the date and time your leave ends
7. Choose what type of leave is appropriate for your absence (if in doubt, see employee handbook)
<http://asmsa.org/public/userfiles/docs/EmployeeHandbook%2010-11.pdf>
8. Input Purpose of Leave Request
9. Print the form
10. Be sure and sign and date the leave form
11. Obtain the proper signatures and dates from your immediate supervisor and the senior administrator of your department
12. Deliver to the Assistant to the Director in order to obtain the Director's signature and date.

Call Human Resources at x5131 with any questions.

Arkansas School for Mathematics, Sciences & the Arts

EMPLOYEE REQUEST FOR LEAVE

NAME: Doe, Jane	ID#: 10101
-----------------	------------

BEGIN Leave:	Date (M/DD/YYYY) 8/15/2011	Time (H:MM am/pm): 8:00
END Leave:	Date (M/DD/YYYY) 8/15/2011	Time (H:MM am/pm): 4:30

LEAVE HOURS (Please list the number of hours for each category that you will use)

For more information about leave categories, click here <http://asmsa.org/facultystaff/CurrentStaffResources/EmployeeHandbook.pdf>

- | | |
|--|--|
| <ul style="list-style-type: none"> ■ VACATION (12 MONTH ONLY) _____ ■ PERSONAL DAY (10 MONTH ONLY) 8.00 _____ ■ AUTHORIZED ABSENCE (Please specify; Includes military service, jury duty, inclement weather, professional development, etc.) _____ | <ul style="list-style-type: none"> ■ SICK _____ ■ CHILD EDUCATIONAL ACTIVITY _____ |
|--|--|

PAYROLL OFFICE USE ONLY:

■ LEAVE WITHOUT PAY _____	■ FMLA (Act of 1993): Sick _____ Vac _____ LWOP _____
---------------------------	---

PURPOSE OF LEAVE REQUEST: Going out of town

EMPLOYEE SIGNATURE: _____ **DATE:** 07/21/11

APPROVED / DENIED (circle one)

If denied, provide further explanation:

IMMEDIATE SUPERVISOR: _____ **DATE:** _____

SENIOR ADMINISTRATOR: _____ **DATE:** _____

DIRECTOR: _____ **DATE:** _____

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Payroll Supervisor _____

TERMINATION CLEARANCE FORM

This form must be completed by all employees prior to end of employment with ASMSA. Before leaving campus, this form must be complete and all appropriate signatures obtained. This is to assure that all ASMSA property has been returned and that we have the terminating/resigning employees forwarding address to allow us to mail W-2's or any information we need to deliver.

1. Go to ASMSA website <http://asmsa.org/facultystaff-resources>
2. On the right of the page, you will see "Finance – Termination Clearance Form" double click and open the form
3. Print the form
4. Fill in your name and ID# (this number is assigned to each employee by Human Resources upon employment and IS NOT the same number as your phone code)
5. Fill in the title and department
6. Fill in the last date of employment in termination date blank
7. Choose from the options listed. If you are transferring to another state agency, you may transfer your accrued leave, both sick and vacation. Otherwise, vacation leave will be paid out for 12 month employees (10 month employees are not eligible for vacation leave). Sick leave is not paid out upon leaving employment. Therefore, you may donate your accrued balance of sick leave to the Catastrophic Leave Bank. See the Employee Handbook for more information regarding the Catastrophic Leave Bank.
<http://asmsa.org/public/userfiles/docs/EmployeeHandbook%2010-11.pdf>
8. Complete the forwarding address section and contact information. (very important)
9. Obtain signatures from ALL listed at the bottom of the form. This is verification of each department that you have returned all of ASMSA property.
10. After all signatures are obtained, deliver to Human Resources along with your ASMSA ID Badge for HR signature and clearance.

Call Human Resources at x5131 with any questions.



Arkansas School for Mathematics, Sciences, and the Arts Termination Clearance Form

Name Jane Doe

ID# 10101

Title Teacher

Department Math

Termination Date 05/31/11

Please choose the following options for leave balances:

I am transferring to another state agency. Please transfer my leave time to my new employment
Name of Agency _____

Donate sick leave to Catastrophic Leave Bank (complete additional form) – sick leave is not paid out at termination. The Cat Bank is donated leave for employees that have a catastrophic illness. The decision is made by a committee once supplied with request and documentation of illness.

Payout Vacation Leave on final check (12 month employees only)

Current/Forwarding Mailing Address:

(This address will be used to forward your W-2)

Lake Sunset Drive street address

Orlando, FL 99955 city, state, zip

(999) 555-1234 home phone

(501) 555-1111 cell phone

jdoe@gmail.com email address

The final and/or vacation paycheck will be direct deposited to employee's account or mailed to the current/forwarding address above only after all check points listed below have been cleared. Once the employee has completed the separation clearance process and the paychecks have been distributed, this clearance form will placed in the employees personnel file. Please return this form and your ID badge to Human Resources.

Library _____
(books)

Supervisor _____
(keys/equipment)

Receptionist _____
(phone bill/credit cards)

Senior Administrator _____

Finance _____
(gas or credit cards)

Technology _____
(computer/IT equipment)

Cafeteria _____
(meal charges)

Cleared for Final Paycheck: Payroll/HR _____
(cleared & ID Badge returned)

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07/26/11-lj

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PURCHASING INFORMATION

FINANCE DOCUMENT FLOW

Document Type	Document Flow
Requisitions and Reimbursement Claim Forms	Requester Budgetary Head Senior Administrator Ashley Smith to review
Purchase Orders	Melissa Davis to fax/distribute
Receiving Packages	Sabrina Packard to open & verify
Packing Slips Receiving Reports	Sabrina Packard to give paperwork to Melissa Davis Melissa Davis to match w/PO
Invoices	Melissa Davis to match w/PO
Travel Authorizations (including Leave Request)	Traveler Budgetary Head Senior Administrator Dr Hugo to approve Melissa Davis
Travel Reimbursements	Traveler Budgetary Head Senior Administrator to approve Melissa Davis
Reimbursement Checks	Sabrina Packard to distribute
Inventory Paperwork	Melissa Davis

changes from last year are indicated by **BOLD** type

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REQUISITION

This is the standard form to be used by ASMSA employees for the purpose of requesting a purchase using ASMSA operating funds. It will be used to tell the Finance department what you need as well as to obtain proper authorizations for the purchase.

ALL TRAVEL RELATED PURCHASES, INCLUDING REGISTRATION, SHOULD BE ON A TRAVEL AUTHORIZATION

NOTE: ALL YELLOW FIELDS ARE REQUIRED.

General Information:

DEPARTMENT: Enter the title of the department requesting the purchase.

REQUESTER: Enter the name of the person that Finance should contact for questions about the purchase and the person to whom the product should be delivered.

Accounting Information:

Enter the numbers that are supplied to you by your budgetary/department head. Each field has a 4 digit number.

FUND: Tells Finance which pool of money is to be used for the purchase (state funds, grant funds, etc.) In most cases, this number will be 1100.

ORGANIZATION: Tells Finance which department/office on campus is paying for the purchase.

ACCOUNT: You will leave this field blank. This is to be determined by the Finance department.

PROGRAM: This number is used in the budgeting process to determine the nature of the purchase for state reporting purposes.

ACTIVITY: You will leave this field blank. This is to be determined by the Finance department.

Vendor Information:

VENDOR NAME: Enter the name of the vendor from whom you would like to make your purchase.

ADDRESS: Enter the street address of the vendor.

CITY/STATE/ZIP CODE: Enter the city, state and ZIP of the vendor's address.

PHONE NUMBER: Enter the telephone number of the vendor.

ORDER DEPT. FAX NUMBER: Enter the fax number that purchase orders should be sent to.

WEBSITE ADDRESS: Enter the web address of the vendor. (when applicable)

Product Information:

ITEM DESCRIPTION/UNIT OF MEASURE: Enter the item number and detailed description of what you are requesting.

QTY: Enter the quantity of the item you are requesting.

PRICE/EA: Enter the price of each unit of the item you are requesting.

SHIPPING: Enter the amount the vendor will charge for shipping. If it is free shipping, just enter "0.00"

TAX: This is a calculated field. Some vendors, however, charge a different tax rate. If this is the case, enter the amount of tax that the vendor will charge. Otherwise, leave this field as is.

Finishing Touches:

- Print the requisition. (ALL ON ONE PAGE – For help with this, call Ashley Smith x5118)
- If you already have an invoice for this purchase, attach the invoice to the requisition.
- Complete the Purchase Justification form and attach it to the requisition (see instructions for this form).
- Obtain your Budgetary Head and Senior Administrator signatures (see chart below)
NOTE: Finance will obtain the Director's signature. DO NOT TAKE YOUR REQUISITIONS TO THE DIRECTOR.
- You will receive confirmation that your order has been processed when the purchase is complete.

Flow Chart for Signatures:

Orgn	Title	Budgetary Head	Senior Admin
0001	General Institution	Director of Finance	Director of Finance
1000	Office-Director	Director	Director
2000	Office-Institutional Adv	Director of Inst Adv	Director of Inst Adv
2200	Public Relations	Public Relations Specialist	Director of Inst Adv
2300	Development	Spec Events Coordinator	Director of Inst Adv
3000	Office-Dean of Acad Affairs	Dean of Academic Affairs	Dean of Academic Affairs
3000s	Various (Academic Depts)	Each dept chair	Dean of Academic Affairs
4000	Office-Dean of Students	Dean of Students	Dean of Students
4100	Residential Life Coordinator	Residential Life Coordinator	Dean of Students
4200	Community Leadership & Program	Student Activities or Admissions Chair	Dean of Students
4300	Student Activities Coordinator	Student Activities Coordinator	Dean of Students
5000	Office-Finance & Administration	Director of Finance	Director of Finance
5100	Maintenance	Facility Manager	Not Applicable
6000	Office- Dean of DE and IT	Dean of DE and IT	Dean of DE and IT
6200	Distance Education	Dean of DE and IT	Dean of DE and IT
6300	Networks	Network Administrator	Dean of DE and IT

PURCHASE JUSTIFICATION

This form is used to give further information about items/services requested on a Requisition Form. It will be used to explain the W's of purchasing: What, Where and Why. The Finance department will use this information to determine which account the item/service will be under, whether or not it is taxable, where it is going for inventory/tagging purposes, etc.

NAME OF EMPLOYEE REQUESTING PURCHASE: Enter your name.

DEPARTMENT: Enter the title of the department requesting the purchase.

DATE: Enter today's date

PURPOSE OF PURCHASE: Use this section to give us any other important information regarding this purchase. If this item is over \$500, we need to know where it is going so that we can tag it for inventory purposes after it is received. Provide as much information here as possible so that your purchase will not be delayed during processing.

Finishing Touches:

- Print the Purchase Justification.
- Sign the bottom of the form.
- Staple this form to the BACK of your requisition.

ARKANSAS SCHOOL FOR MATHEMATICS,
SCIENCES & THE ARTS

PURCHASE JUSTIFICATION FORM

Ralph Malone

Name of employee requesting purchase

Networks

5/4/2011

Department

Date

Purpose of Purchase:

Replacement computers for CSE labs and Physics lab.

Employee Signature

**PLEASE NOTE: THIS FORM MUST BE ATTACHED TO THE REQUISITION
WHEN SUBMITTED.**

REIMBURSEMENT CLAIM FORM

This form is used to request reimbursement for items/services that belong to ASMSA but was paid for with personal funds. Keep in mind that if your purchase violates state purchasing law, ASMSA WILL NOT be able to reimburse you from state funds, even if it is a legitimate work expense. **To protect yourself, you should obtain authorization from the Finance department BEFORE making the purchase.**

PAY TO: Enter your name.

ID: Enter your ASMSA employee ID number.

DATE: Enter the date of the request.

DEPARTMENT: Enter the title of the department requesting the purchase.

FUND*: Tells Finance which pool of money is to be used for the purchase (state funds, grant funds, etc.) In most cases, this number will be 1100.

ORGANIZATION*: Tells Finance which department/office on campus is paying for the purchase.

ACCOUNT: You will leave this field blank. This is to be determined by the Finance department.

PROGRAM*: This number is used in the budgeting process to determine the nature of the purchase for state reporting purposes.

ACTIVITY: You will leave this field blank. This is to be determined by the Finance department.

*These numbers can be supplied to you by your Budgetary Head.

CHECK DISTRIBUTION: Select how you would like to receive your check, either mailed to your home or picked up at the front desk. If you select "Mail," enter your address information. If you select "Pick Up," enter your email address so that we can notify you when your check is ready.

DATE EXPENSE INCURRED: Enter the date that the purchase was made.

DESCRIPTION OF ITEMS PURCHASED: Give a brief description of what it was that you purchased. We need enough information on this form to answer what the purchase was and why it was made.

AMOUNT: Enter the amount of the purchase.

TOTAL: This will automatically calculate as you tab through the form.

Finishing Touches:

- Print the Reimbursement Claim Form.
- Sign on the "Payee" line and enter today's date.
- Attach all receipts, invoices, etc. The supporting paperwork MUST show proof of payment with personal funds. This can be a receipt, invoice marked paid, copy of a bank/credit card statement with personal info blacked out, etc. We CANNOT process the request without this.
- Obtain your Budgetary Head and Senior Administrator signatures (see chart below)
NOTE: Finance will obtain the Director's signature. DO NOT TAKE YOUR FORMS TO THE DIRECTOR.

Orgn	Title	Budgetary Head	Senior Admin
0001	General Institution	Director of Finance	Director of Finance
1000	Office-Director	Director	Director
2000	Office-Institutional Adv	Director of Inst Adv	Director of Inst Adv
2200	Public Relations	Public Relations Specialist	Director of Inst Adv
2300	Development	Spec Events Coordinator	Director of Inst Adv
3000	Office-Dean of Acad Affairs	Dean of Academic Affairs	Dean of Academic Affairs
3000s	Various (Academic Depts)	Each dept chair	Dean of Academic Affairs
4000	Office-Dean of Students	Dean of Students	Dean of Students
4100	Residential Life Coordinator	Residential Life Coordinator	Dean of Students
4200	Community Leadership & Program	Student Activities or Admissions Chair	Dean of Students
4300	Student Activities Coordinator	Student Activities Coordinator	Dean of Students
5000	Office-Finance & Administration	Director of Finance	Director of Finance
5100	Maintenance	Facility Manager	Not Applicable
6000	Office- Dean of DE and IT	Dean of DE and IT	Dean of DE and IT
6200	Distance Education	Dean of DE and IT	Dean of DE and IT
6300	Networks	Network Administrator	Dean of DE and IT

ARKANSAS SCHOOL FOR MATHEMATICS, SCIENCES & THE ARTS

Reimbursement Claim Form

Pay To: Vicki Hinz ID: 10571 Date: 6/27/2011

Department: Development 1100 2300 4510
 Fund Org Acct Prog Actv

Check Distribution: Mail: Street: _____
 City, State, Zip: _____
 Pick Up: E-Mail: hinzv@asmsa.org

For: Reimbursement for miscellaneous small expenditures as follows:

Date Expense Incurred	Description of Items Purchased	Amount
<u>6/27/11</u>	<u>Engraved plates for scholarship recipients</u>	<u>\$37.80</u>
Original Receipts Attached	TOTAL	\$ 37.80

I hereby certify that the amounts set out herein were legal obligations of the Arkansas School for Mathematics, Sciences & the Arts, and were paid from personal funds.

Payee Date

Budgetary Head Date Senior Administrator Date

Director Date Finance Date

Purchasing Use Only:

 Signature Date Encumbrance#

P-CARD PROCESS

The p-card is the State of Arkansas Purchasing Card, and is managed by US Bank. It is a means for employees to make small purchases from the local area when a quick turn-around is required.

Because the monthly limit on the card is \$5,000, all transactions are limited to \$500 unless specifically approved in advance by JaNan Abernathy, Director of Finance.

In order to use the p-card, prepare a requisition and obtain approvals from the budgetary head and senior administrator. Bring the approved requisition to JaNan Abernathy, on the first floor of the Administration Building. In her absence, contact Ashley Smith for assistance.

If it is not clear what the total purchase price will be, provide an estimate or intended amount. That allows us to confirm there is adequate balance available on the card before the purchase.

Since the school only has one p-card, we do not allow it to be checked out overnight. Employees are required to use the card during business hours and return it by 4:30 the same day.

Note: We cannot use the Visa at Sam's Club, it is not accepted.

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TRAVEL INFORMATION

TRAVEL AUTHORIZATION (TA)

Going on a trip? The traveler should complete this form to answer the questions: Who, What, Where, When, and Why. The Request for Authorization of Travel Expenses (TA) can be found on the ASMSA website.

PLEASE NOTE: ALL FIELDS HIGHLIGHTED IN YELLOW ARE REQUIRED.

GENERAL INFORMATION SECTION:

- Name – Enter the name of the traveler
- ID# - Enter ASMSA employee ID number
- Department – Enter ASMSA organization name
- Date- Enter today's date
- Purpose – Enter the purpose of the trip, such as conference, meeting, school visit
- Destination - Enter City and State to which you will be traveling
- Date Leaving - The date you plan to leave town**
- Official Business Start Date - The date the official business is to begin**
- Date Returning - The date you are returning home, not necessarily to work**
- Official Business End Date - The date the official business is to end**

**Note: The traveler should pay close attention to these dates. They will be used to book flights and hotel rooms. These dates may be the same for one day trips.

The "No Cost-ASMSA Insurance Only" box should be checked if the travel:

- Is in the traveler's official station
- Is in a school vehicle and no registration or other costs will be incurred
- Includes a conference that is paid on another traveler's TA and you will not need reimbursement

EXPECTED TRAVEL EXPENSES SECTION:

Vehicle – Complete this section if a vehicle is required for this trip. The traveler should ALWAYS check to see if a school vehicle is available first. If a school vehicle is not available, and you are traveling more than 120 miles, a rental car may be an option. Rental cars are generally more cost effective than reimbursement for mileage. This will be analyzed and decided by the Travel Coordinator.

If a vehicle will be used during the trip, select the appropriate box:

- Personal Auto – Check this box if you will be using your own vehicle during your travel. This includes to and from the airport. You MUST complete the "From (City, State)", "To (City, State)" and "City of Residence" fields.
- School Auto - Check this box if you will be using an ASMSA vehicle during your travel. To make vehicle reservations, email Kevin Abbott (Security) at abbottk@asmsa.org. This email MUST include the date(s) the vehicle will be checked out and checked back in.
- Guest In Car – Check this box if you will be riding as a guest in someone else's vehicle and do not expect mileage reimbursement.

Air – Check this box if a flight is required for this trip. You MUST include no more than four and no less than two flight itineraries, and mark them in order of your preference as shown in the example on Page

31. This information MUST be attached to the TA. In the "To be paid by" section, select who will be paying for this flight, you (Traveler) or ASMSA. In most cases, this will be ASMSA.

Rental Car – Check this box if a rental car is required for this trip. Note any special requirements in the space available. ASMSA is under a state contract to rent from Enterprise, so ASMSA will pay with the BTA (school) credit card. In the "To be paid by" section, check ASMSA.

Note: If the traveler does get a rental car, instructions on checking out a gas/car packet will be emailed to you by the Travel Coordinator (Melissa Davis).

Registration - If registration is required for this trip, select one of the following:

- **Already Registered:** Check this box if you have already registered yourself. You MUST attach your registration confirmation or similar documentation to the TA.
- **Needs to be Registered:** Check this box if you need to be registered. You must also enter the "Deadline" for registration in the space provided. You MUST attach the registration information to the TA. If possible, fill out the registration information as if you were actually registering and print it out so that we know exactly how you want it completed. If the website allows you to complete the information and save it, you may do so and provide the website address and log in information with your TA.

In either case, you must select who will be paying for the registration in the "To be paid by" section, either yourself (Traveler) or ASMSA.

Booth Rental & Accessories - If a booth is required for this trip, select one of the following:

- **Already Reserved:** Check this box if you have already reserved a booth. You must provide paperwork showing this reservation with your TA.
- **Needs to be Reserved:** Check this box if you need the Travel Coordinator to reserve the booth. You must also enter the "Deadline" for the booth reservation in the space provided. You MUST attach the reservation information to the TA. If possible, fill out the reservation information as if you were actually reserving it and print it out so that we know exactly how you want it completed. If the website allows you to complete the information and save it, you may do so and provide the website address and log in information with your TA.

All additional information including electricity, carpet, extra chairs, and miscellaneous items should also be provided. If this information is not provided with the TA, it may not be possible to get it ordered in time for the conference.

You must select who will be paying for the registration in the "To be paid by" section, either yourself (Traveler) or ASMSA.

Lodging - If lodging is required for this trip, you MUST provide the hotel contact information with the TA. If you are attending a conference and there is more than one option for hotels, submit all of the information and mark them in order of your preference.

You must select who will be paying for the lodging in the "To be paid by" section, either yourself (Traveler) or ASMSA. NOTE: You must have prior authorization by the travel coordinator to pay for your own lodging.

The Travel Coordinator (Melissa Davis) will email a copy of the Credit Card Authorization to you one week before the trip is to take place. You should take a copy with you and present it to the hotel upon check in. When checking out, you MUST get a receipt of charges from the hotel. The receipt should be submitted with the TR1.

Meals - Meals are reimbursed for overnight trips only. Meals in your official station are not reimbursable. If you want to be reimbursed for meals, you will need to keep all ITEMIZED receipts to be turned in with the TR1. If you expect to have meals on your trip that will require reimbursement, check the "Traveler" box in the "To be paid by" section.

Incidentals - All incidentals will be paid by the traveler. This may include parking fees, taxi fare, etc. To be reimbursed, you must keep all receipts and submit them with your TR1. If you expect to have incidentals on your trip that will require reimbursement, check the "Traveler" box in the "To be paid by" section.

Other - This section will be used to any additional information that you need to include with your TA. Examples include:

- Additional information that is required for this trip but was not covered in the previous sections. Specify this expense in the space provided and check the appropriate box in the "To be paid by" section.
- If you are taking a personal vehicle but do not require mileage reimbursement, put "Personal auto-no mileage reimb required."
- Use the space provided to enter website information for registration or a booth as shown in the example.

FINISHING TOUCHES:

- Verify that all information is correct.
- Complete any fields that are yellow. These fields are REQUIRED.
- Review the summary page (second tab). This will provide more information about how your TA will be interpreted by the Travel Coordinator.
- Complete a Request for Leave form and attach it to your TA.
- Print, sign and date the form.
- Obtain your Budgetary Head and Senior Administrator signatures.
- Turn the TA and all related information into the Director's office.

As the travel arrangements are being made, all confirmations will be emailed to you. Once all travel arrangements are complete, a copy of the completed TA with the grand total of the expected cost of the trip will be emailed to the Traveler, Budgetary Head, and Senior Administrator. This is for informational as well as budgetary purposes.

Arkansas School for Mathematics, Sciences & the Arts
REQUEST FOR AUTHORIZATION OF TRAVEL EXPENSES (TA)

Authorization #: _____

GENERAL INFORMATION

Name: Melissa K. Davis ID#: 10524 Dept: Finance Date: 7/12/2011
 Purpose: Time management conference No Cost-ASMSA Insurance Only
 Destination: New Orleans, LA
 Date Leaving: 9/1/2011 Date Returning: 9/7/2011
 Official Business Start Date: 9/2/2011 Official Business End Date: 9/5/2011

EXPECTED TRAVEL EXPENSES

TRANSPORTATION:

Personal Auto School Auto Guest In Car

From (City, State): Hot Springs, AR
 To (City, State): Little Rock, AR
 City of Residence: Hot Springs, AR

Air (Preferred travel times MUST be attached)
 Rental Car (MUST be approved by Director)

Special Requirements: Pick up and drop off at airport

REGISTRATION: Already Registered Need to be registered

Deadline: 8/15/2011

BOOTH RENTAL & ACCESSORIES: Already Reserved Needs to be Reserved

Deadline: _____

LODGING: (Lodging contact information MUST be attached)

Deadline: 8/1/2011

MEALS: (Original, Itemized receipts MUST be provided)

INCIDENTALS: (Taxi, Parking, Phone, Internet, Etc.)

OTHER: Please specify www.timemanagement.conference.com / login davisme@asmsa.org password 12345

To be paid by:	
Traveler	ASMSA
NA	NA
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	NA
<input checked="" type="checkbox"/>	NA
<input type="checkbox"/>	<input type="checkbox"/>

FOR FINANCE USE ONLY

(F) _____ (O) _____ (A) (see below) _____ (P) _____	BTA	Prepaid	ReImb
VEHICLE From: _____ To: _____ = _____ From: _____ To: _____ = _____ From: _____ To: _____ = _____ # of Miles _____ X Rate _____	7410	_____	_____
AIR FARE Payable To: _____	7420	_____	_____
RENTAL CAR	7470	_____	_____
REGISTRATION Payable To: _____	7450	_____	_____
BOOTH RENTAL & ACCESSORIES Payable To: _____	7455	_____	_____
LODGING Per Diem \$ _____ Actual \$ _____ X Days _____ + 20%	7400	_____	_____
MEALS Per Diem \$ _____ \$ _____ X Days _____ / 2	7400	_____	_____
INCIDENTALS	7460	_____	_____
GUEST OF STATE	7440	_____	_____
TOTALS		_____	_____

REQUEST FOR SPECIAL AUTHORIZATION: Lodging maximum is exceeded or rental car is requested. Justification required.
 Hotel: _____
 Rental Car: _____
 Travel Administrator (Director) Approval: _____
SIGNATURES

GRAND TOTAL:
 \$ _____

Traveler: Melissa K. Davis Date: 7/12/11
 Budgetary Head: _____ Date: _____
 Senior Administrator: _____ Date: _____
 Travel Administrator (Director): _____ Date: _____
 Travel Supervisor (Finance): _____ Date: _____



SOUTHWEST.COM

Select Departing Flight:
Little Rock, AR to New Orleans, LA

Additional government taxes and fees will apply

Modify Search Round Trip One-Way

From: Little Rock, AR - LIT To: New Orleans, LA - MSY

Add another flight

Additional Search Options

AUG 27 SAT	AUG 28 SUN	AUG 29 MON	AUG 30 TUE	AUG 31 WED	SEP 1 THU	SEP 2 FRI	SEP 3 SAT	SEP 4 SUN	SEP 5 MON	SEP 6 TUE	<input checked="" type="checkbox"/> Try our Low Fare Calendar Quickly find our lowest fares
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Depart	Arrive	Flight # (% optional)	Routing	Travel Time (hh:mm)	Business Select \$231	Anytime \$216	Wanna Get Away \$136 - \$191
Reward yourself with more points when you buy a higher fare.							
6:00 AM	11:00 AM	7582/100	1 stop Change Planes DAL	5:00	<input type="radio"/> \$231	<input type="radio"/> \$216	<input type="radio"/> \$153
8:35 AM	1:15 PM	2281/2180	1 stop Change Planes STL	4:40	<input type="radio"/> \$231	<input type="radio"/> \$216	<input type="radio"/> Web \$136 #3
10:10 AM	2:25 PM	1821/1607	1 stop Change Planes DAL	4:15	<input type="radio"/> \$231	<input type="radio"/> \$216	<input type="radio"/> \$153 #1
11:35 AM	5:15 PM	1589/1509	1 stop Change Planes MDW	5:40	<input type="radio"/> \$231	<input type="radio"/> \$216	<input type="radio"/> Web \$136 #2
1:55 PM	6:05 PM	2263/607	1 stop Change Planes DAL	4:10	<input type="radio"/> \$231	<input type="radio"/> \$216	<input type="radio"/> \$171
3:00 PM	5:55 PM	1826/37	1 stop Change Planes HOU	2:55	<input type="radio"/> \$231	<input type="radio"/> \$216	<input type="radio"/> \$153
4:05 PM	8:50 PM	3135/655	1 stop Change Planes DAL	4:45	<input type="radio"/> \$231	<input type="radio"/> \$216	<input type="radio"/> Web \$136 #4

Select Returning Flight:
New Orleans, LA to Little Rock, AR

Additional government taxes and fees will apply

SEP 2 FRI	SEP 3 SAT	SEP 4 SUN	SEP 5 MON	SEP 6 TUE	SEP 7 WED	SEP 8 THU	SEP 9 FRI	SEP 10 SAT	SEP 11 SUN	SEP 12 MON	<input checked="" type="checkbox"/> Try our Low Fare Calendar Quickly find our lowest fares
-----------	-----------	-----------	-----------	-----------	------------------	-----------	-----------	------------	------------	------------	--

Depart	Arrive	Flight # (% optional)	Routing	Travel Time (hh:mm)	Business Select \$231	Anytime \$216	Wanna Get Away \$136 - \$191
Reward yourself with more points when you buy a higher fare.							
8:00 AM	11:50 AM	726/105	1 stop Change Planes HOU	3:50	<input type="radio"/> \$231	<input type="radio"/> \$216	<input type="radio"/> Web \$136 #4
8:15 AM	11:05 AM	1589	1 stop No Plane Change	2:50	<input type="radio"/> \$231	<input type="radio"/> \$216	<input type="radio"/> Web \$136
10:25 AM	4:25 PM	2320/271	1 stop Change Planes MDW	6:00	<input type="radio"/> \$231	<input type="radio"/> \$216	<input type="radio"/> Web \$136 #1
11:40 AM	5:00 PM	2354/34	1 stop Change Planes DAL	5:20	<input type="radio"/> \$231	<input type="radio"/> \$216	<input type="radio"/> Web \$136 #2
1:40 PM	5:00 PM	2180/34	1 stop Change Planes DAL	3:20	<input type="radio"/> \$231	<input type="radio"/> \$216	<input type="radio"/> Web \$136 #3

Price selected flight(s)



Important Fare & Schedule Information

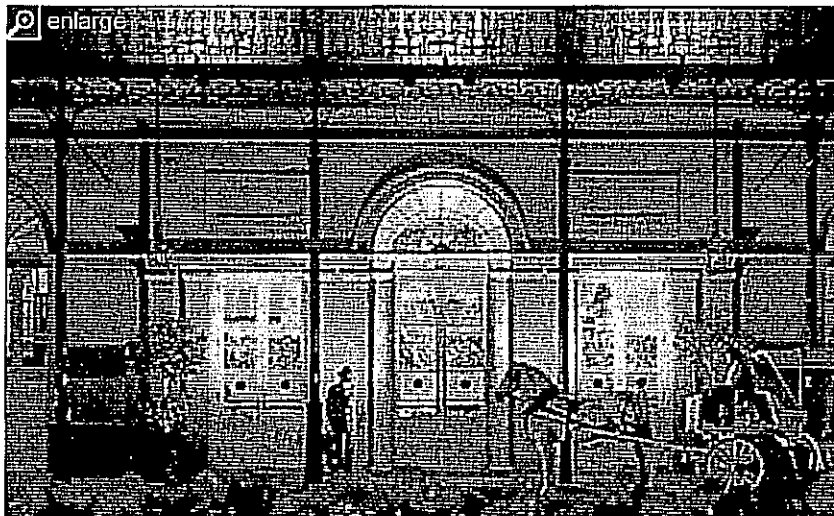
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Omni Royal Orleans

[Photos](#) [Virtual Tour](#)

621 St. Louis Street
New Orleans, Louisiana 70140
Phone: (504) 529-5333, Fax: (504) 529-7089

Conference Hotel



Omni Royal Orleans Hotel - Luxury Hotel in New Orleans

*King Bed
NON-SMOKING*

A Historic New Orleans Hotel French Quarter Hotel

The Omni Royal Orleans offers graceful elegance in a New Orleans French Quarter hotel. Located on the most fashionable corner, St. Louis at Royal, the hotel has received the four-diamond luxury award for the past 31 years and has earned the Pinnacle Award for meeting services.

Whether you're visiting New Orleans for work or play, you're in excellent company – the Omni Royal Orleans is truly the place to see and be seen. Our popular Zagat-rated [Rib Room](#)-Rotisserie Extraordinaire has been the haunt of literary greats and the politically infamous for more than 50 years. The Omni Royal Orleans, French Quarter hotel is just 12 miles from Louis Armstrong International Airport.

Hotel Highlights

- 346 luxury [guestrooms & suites](#)
- Award-winning [Rib Room restaurant](#)
- Rooftop observation deck and pool offering spectacular views of the French Quarter.
- [High-speed wireless Internet access](#)
- [Discover the history of the Omni Royal Orleans](#)
- Check-in: 3 pm Check-out: Noon

Awards and Accolades

- The Omni Royal Orleans is an award-winning four-diamond hotel.
- Chef Rene Bajeux, of the Omni Royal Orleans, won the 2008 Best of Show from New Orleans Wine & Food Experience.
- Omni Royal Orleans Hotel is named one of the 2008 Best Places to Work by New Orleans CityBusiness and the New Orleans chapter of the Human Resource Management Association.

Special Offers

3.1

Arkansas School for Mathematics, Sciences & the Arts

EMPLOYEE REQUEST FOR LEAVE

NAME: Melissa Davis	ID#: 10524
---------------------	------------

BEGIN Leave:	Date (M/DD/YYYY) 9/1/2011	Time (H:MM am/pm): 8:00 am
END Leave:	Date (M/DD/YYYY) 9/7/2011	Time (H:MM am/pm): 4:30 pm

LEAVE HOURS (Please list the number of hours for each category that you will use)

For more information about leave categories, click here <http://asmsa.org/facultystaff/CurrentStaffResources/EmployeeHandbook.pdf>

- VACATION (12 MONTH ONLY) _____
 SICK _____
- PERSONAL DAY (10 MONTH ONLY) _____
 CHILD EDUCATIONAL ACTIVITY _____
- AUTHORIZED ABSENCE (Please specify; Includes military service, jury duty, inclement weather, professional development, etc.)
 Conference / Training _____ **40.00**

PAYROLL OFFICE USE ONLY:

<input type="checkbox"/> LEAVE WITHOUT PAY _____	<input type="checkbox"/> FMLA (Act of 1993): Sick _____ Vac _____ LWOP _____
--	--

PURPOSE OF LEAVE REQUEST: Time management conference in New Orleans

EMPLOYEE SIGNATURE: *Melissa Davis* DATE: 7/12/2011

APPROVED / DENIED (circle one)

If denied, provide further explanation:

IMMEDIATE SUPERVISOR: _____ DATE: _____

SENIOR ADMINISTRATOR: _____ DATE: _____

DIRECTOR: _____ DATE: _____

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Payroll Supervisor _____

TRAVEL EXPENSE REIMBURSEMENT (TR1)

Back from the trip? The traveler should submit a TR1 within 30 days of the date of travel. The Travel Expense Reimbursement form (TR1) can be found on the ASMSA website.

NOTE: ALL FIELDS HIGHLIGHTED IN YELLOW ARE REQUIRED

GENERAL INFORMATION SECTION:

- Traveler: Name of the person who traveled
- Travel Authorization # : Leave this blank for the Travel Coordinator to complete
- Department: Enter name of ASMSA organization
- Vehicle License #: Required only if mileage reimbursement is requested
- Official Station: Should be Hot Springs, unless you are a Distance Education Teacher working from home.
- Check distribution: REQUIRED - Check "Mail" and complete the "Address" information if you prefer that we mail the check. Check "Pick Up" and complete the "Email Address" section if you wish to pick up the check from the Receptionist.

TRAVEL BY PERSONAL AUTO

- Date – Mo/Day: Enter the Month and Day in the appropriate boxes
- From – Enter the city from which you left
- To – Enter the city to which you traveled
- Mileage Driven: Enter the number of miles traveled during the one-way trip

NOTE: The spreadsheet will automatically calculate the reimbursement amount. Example: A trip to Little Rock should be on two lines; the one-way trip to Little Rock would be entered on one line and the return trip would be entered on the second line.

REIMBURSABLE EXPENDITURES

All reimbursable expenditures **MUST** be accompanied by an itemized, detailed receipt. Group all receipts by category below, sort them by date and attach to the TR1. **DO NOT** highlight any dates or amounts on the receipts, highlighters will erase ink on thermal paper.

- Date - Mo/Day: Enter the Month and Day in the appropriate boxes
- Name of Town Visited – Enter the destination of the trip

Common Carrier - (Airfare) There are rare cases, typically a guest of state, where a traveler will pay for their flight in advance. The traveler should request permission to do this in advance.

Hotel - There are rare cases where a traveler may drive to a destination and need to stop along the way. This should be approved in advance if ASMSA will not be making the hotel reservations/arrangements on our travel card.

Meals - Receipts for meals should be itemized. The traveler should submit both the itemized receipt as well as the credit card receipt. Meals will only be reimbursed up to the applicable federal per diem rate.

Alcohol – Alcohol purchases will not be reimbursed from state funds. See page 37 for instructions on how to adjust the receipt if alcohol is included. The Travel Coordinator will calculate the tax and tip amount for the correct amount of reimbursement.

Guests – If meals for more than one person are included on a receipt, mark through the items that do not belong to you. The Travel Coordinator will calculate the tax and tip amount for the traveler being reimbursed.

Tips - The maximum amount allowed for reimbursement is 15%. If the traveler does not fill in a tip amount, it will be assumed no tip was given and none will be calculated in the reimbursement.

Registration – There are rare cases where a traveler may have to pay registration at a conference. This should be preapproved in advance if registration will not be paid with the school travel card. The traveler should submit a receipt showing that the fees were paid with personal funds.

Incidentals – Choose the appropriate category for incidental purchases. Several such as postage, parking fees, taxis, minor purchases, meals for Guests of State, or internet service are listed at the bottom of the form. The traveler should enter the appropriate number in the incidental column on the TR1 along with the amount. Explain any "Other" expenses and submit a receipt to support all purchases.

Finishing Touches:

- Verify all information is correct
- Print the TR1
- Make sure all documentation is attached to the TR1
- If the traveler stayed at a hotel, please make sure the receipt is included with the form
- Sign and date the TR1
- Submit to Budgetary Head and Senior Administrator for signatures
- Turn the TR1 and related information in to Melissa Davis

Receipt including
Alcohol

②

GORDON BIRSCH
THANK YOU

Alcohol will not be reimbursed.

If there is alcohol on the receipt draw a line through it and subtract

it from the total amount of the receipt. The travel coordinator will figure the tax along with the tip amount to get the correct amount of reimbursement. For example:

\$31.38
- \$9.50
\$21.88

\$21.88 should be the meal total entered on the TR-1.

0194e Table 220 #Party 0
MICHAEL F SvrCk: 14 5:21p 01/30/11
Separate checks: 2-of-2

1 Czech .5	4.75
1 Calamari	9.95
1 GB Cheeseburger	9.95
1 Marzen .5	4.75

Sub Total: 29.40

Tax: 1.98

Sub Total: 31.38

01/30 7:06p TOTAL: 31.38

FOOD	19.90
BEER	<u>9.50</u>
BAR SALES	9.50

TAPPING PARTY! JOIN
US FOR A CUSTOMER
APPRECIATION PARTY
THURS., FEBRUARY 3RD

5:30PM-9PM.
COMPLIMENTARY HAND-
PASSED APPS,
GIVEAWAYS & MORE!

21.88 entered on TR1

This page intentionally left blank

FRONT DESK /
MISCELLANEOUS
INFORMATION

SHIPPING PROCEDURES

This form will be used by ASMSA employees and students. Shipments being sent out for personal reasons will require a payment at time of shipment request. This form will be used to eliminate issues that may cause delays on packages going out.

NOTE: In order for shipments to be processed the same day, your package and shipping information must be ready by 11:00 am, Monday – Friday.

General Information:

Date: Enter today's date (MM/DD/YYYY)

Requester: Person requesting the shipment

Recipient Information:

Company Name: Enter the company name, if applicable

Contact Name: Enter the name of the person receiving the shipment

Address: Enter the mailing address of the recipient (Cannot ship to P.O. Box if using FedEx or UPS)

Telephone: Enter the telephone number of the recipient. **(FedEx and UPS will not pick up without this)**

Address Type: Select either "Business" or "Residence"

Package Information:

Shipment Type: Select either "School Business" or "Personal"

Number of packages: Enter the total number of packages being sent

Service Type: Select your preferred shipment method. These are listed in order of price/speed (cheapest/slowest to most expensive/fastest), from left to right.

Delivery Time: Select your preferred delivery cutoff time.

Return labels: Will your package need to be shipped back to ASMSA? Select "Yes" or "No"

Package Weight: This is required for packages over 15 pounds. Enter the approximate weight of the package. If you are sending more than one package, use post-it notes to mark each package with its individual weight.

Print the form and deliver it with the package(s) to Sabrina Packard, Receptionist, on the 1st floor of the Administration Building. If you need assistance, call x5100.

ASMSA SHIPPING REQUEST FORM
ALL INFORMATION IS REQUIRED

Date: _____ Requester: _____

Recipient Information:

Company Name: _____

Contact Name: _____

Address 1: _____

Address 2: _____

City, State, ZIP: _____

Telephone: _____

Address Type: Business Residence

Package Information:

Shipment Type: School Business Personal

of Packages: _____

Service Type: Ground 2 Day Next Day (Overnight)

Delivery Time: 8:00 am 10:30 am 3:00 pm 4:30 pm

Do you need return labels to ASMSA? Yes No

Package Weight: _____ (Required only if package is over 15 lbs)

Please Note: If there is more than one package, please use post-it notes to indicate the weight of each package separately.

For further assistance, please call Sabrina at x5100

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AGENCY FUND CHECK REQUEST FORM

This form is to be used by ASMSA employees/students/sponsors for the purpose of requesting funds from ASMSA Agency Fund Club accounts. This form is located on the ASMSA website. Once on the website click on Faculty/Staff Resources scroll down to the document needed. Fill in all areas, print, sign and submit to the sponsor.

Date of Request: MM/DD/YYYY

Requester: Name of person requesting the funds

Fund to be paid from: Name of club from which the amount is to be deducted

Amount of Check: How much is owed or to be paid

Payable To: Business or name of person receiving check

Reason for Payment: Brief description of why payment is necessary

Receipts Attached: Select **Yes** or **No**

-For payments to a vendor, the requester should provide an invoice/receipt showing the amount that is billed

-For reimbursements, the requester **MUST** provide a receipt showing this has been **paid** for amount listed above. If a receipt is not available, a credit card or bank statement is acceptable, but be sure to mark out any personal information.

Special Instructions: Use this section to give any additional information that is needed such as a due date for the check.

Sponsor Signature: The sponsor for the club must sign the form approving the request.

Staple receipt to the **BACK** of the completed Check Request Form and submit to Sabrina Packard, Receptionist on the 1st floor of the Administration Building.

NOTE: Checks are only issued on Mondays unless otherwise requested.

NOTES ON AGENCY FUNDS (STUDENT CLUBS)

Club funds are created from fundraisers, club dues and donations. The funds for each of these clubs are to purchase decorations, floor programs, registration fees, group meals, tickets, snacks, awards, gift cards and other items for the student club.

A club cannot have a "petty cash drawer" for these accounts. All money must be deposited with Sabrina Packard. Bring any deposits to the Receptionist area on the 1st floor of the Administration Building. She is available Monday – Friday, 8:00 – 4:00. Club balances are given to the sponsors at the beginning of each month.

Reserved for copy of check.

ASMSA Agency Fund Check Request Form

Date of Request: 8/1/2011 Requester: Jane Doe

Fund to be paid from: Music

Amount of Check: \$20.00

Payable To: Wal-Mart

Reason For Payment: Decorations for award ceremony

Receipts Attached? Yes No

Special Instructions: Check needed by 8/5/11

Sponsor Signature: _____

**STAPLE ORIGINAL RECEIPTS TO THE BACK
SUBMIT COMPLETED FORM TO THE RECEPTIONIST-Checks will be issued each
Monday unless requested otherwise.**

FOR FINANCE USE ONLY:

Check #: _____ Check Date: _____ Written By: _____

WAL-MART & HOBBY LOBBY CARDS

These cards are for ASMSA club use only. See Sabrina Packard on the 1st floor of the Administration Building to sign out a card. NOTE: The Wal-Mart card cannot be used at Sam's.

Return the card to Sabrina as soon as possible because other clubs may need to use the cards as well.

After returning the card, complete an Agency Fund Check Request Form as soon as possible. This could prevent possible loss of the receipt.

See Agency Fund Check Request Form and Procedures for assistance.

VEHICLE RESERVATION AND LOG PROCEDURE

The vehicles are for ASMSA employees and for official business only. The vehicles are managed through the Security office. To reserve a vehicle, email Kevin Abbott, Security Supervisor at abbottk@asmsa.org.

Picking up the vehicle: The security guard will record information in their check-out log. A binder will be given to the person that reserved the vehicle. This binder includes keys, log forms, Voyager Fuel Card, Inspection Check List and ink pen.

NOTE: It is extremely important **all** information in binder is recorded once driver is in vehicle.

Date: Enter today's date - DD/MM/YYYY

Driver: Enter first and last name, **no initials**.

Beginning Mileage: Record the mileage on the odometer before leaving the ASMSA parking lot.

Ending Mileage: Record the ending mileage when returning the vehicle to the ASMSA parking lot.

Destination: Where are you going? Use names of businesses, schools, parks, etc. **Do not** use the words "local", "transportation" or any other word that is not a specific location.

Purpose: Enter the reason for the trip, such as shopping, pick up meds, doctor appt, sporting events, practice, meeting, etc. Do not use the abbreviations listed in the next column for the purpose.

What category purpose for the trip? Enter the appropriate category

ACDMC: Academic

SA: Student non-academic

SB: Official School Business (no students on board)

MED: medical appointment

Fuel Stops (record each fuel stop):

Date: DD/MM/YYYY

Gallons: How many gallons of gas were purchased

Total Cost: Cost of gas

When refueling, place receipts in pouch of binder with the fuel card.

Checking vehicle in: Return vehicle to the entrance at 100 Whittington (RLO building). A "Vehicle Return Checklist" that is located in back of each binder an must be completed. Once this is done, place checklist in the driver seat, lock doors, return the keys and binder to the Security Desk. The guard will log time the vehicle was returned, check for receipts, fuel card, inspect and park the vehicle.

ASMSA

2011-2012 VEHICLE RETURN CHECKLIST

1. Does the vehicle have at least ½ tank of gas in it? YES NO
2. Is the vehicle cleared of personal items & trash? YES NO
3. Does vehicle have exterior damage? YES NO

If yes, please explain_____

4. Does vehicle have interior damage? YES NO

If yes, please explain_____

5. Do you have any gas receipts to turn in to security? YES NO

6. Do you have a credit card & was it returned to security? YES NO

7. Do you have any other problems to report (e.g., windshield wipers, engine noises, etc.)

SIGNATURE_____ DATE_____

TIME_____ AM/PM


PRINT NAME_____

BUSINESS CARD ORDER PROCESS

1. Requester completes Business Card Order Form found on ASMSA's website
2. Requester forwards form to Fred Zipkes, Graphics Designer, 1st floor of the Res Life Building
3. Fred prepares a business card proof for review
4. Requester reviews and signs off on the proof and returns the order form to Fred
5. Fred e-mails a PDF of the business card proof to Finance
6. Requester completes a requisition for the order, including quantity, and forwards to Finance
7. Finance will issue a Purchase Order for the cards
8. Finance electronically forwards Purchase Order and PDF of proof to ASU for printing

Business Card Order Form

UPON COMPLETION, THIS FORM MUST BE RETURNED TO FRED ZIPKES

Arkansas School for Mathematics, Sciences and the Arts <i>A campus of the University of Arkansas System</i>	
	Name _____ Title _____
	300 Whittington Avenue Hot Springs, AR 71901-3408 Individual's phone 1.800.345.2767 FAX 501.622.5109 Email: address _____

Please type the following information EXACTLY as you want it printed:

Name Ashley Smith

Title Associate Director of Finance

Office # (501) 622-5118

Fax # (501) 622-5473

E-mail smitha@asmsa.org

A proof will be furnished to you.
If okay please initial or indicate any change that needs to be made

Upon approval of your proof, submit a Requisition with the following information:

Vendor: Arkansas State University

Quantity	Price	Shipping
250	\$16.00	\$3.00
500	\$24.00	\$3.00
1000	\$44.00	\$6.00

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ASMSA Name Tag Template



~~Ashley Smith~~
~~Accountant~~

Arkansas School for Mathematics, Sciences and the Arts

Name: JaNan Abernathy

Title: Director of Finance

Instructions:

1. Type your name as you want it to appear on your name tag
2. Type your title as you want it to appear on your name tag
3. Print this form
4. Attach this form to a Requisition and obtain the proper signatures
 - Vendor: All American Awards
 - Price: \$7.00 each

BUDGET REPORTS

BUDGET REPORTS

The Budget Reports are distributed by Melissa Davis to all Budgetary Heads and Administrators during the first part of the month. They are a snapshot of the budget balances as of the end of the previous month, as well as a listing of the previous month's activity.

Many documents are in various stages of processing, so be sure to check your budget reports monthly to confirm that all of your transactions have posted.

There are three parts to the monthly budget reports. The first part is an overall summary of that budget. The second part is a detailed listing of all transactions that were posted to the "Maintenance and Operations Budget". The third part is a detailed listing of the open encumbrances (travel, blanket purchase orders, regular purchase orders) that are set aside on that budget.

Part 1 – Monthly Budget Report

The top of first page shows the period, or month, that the report covers, the fiscal year, and the percentage of the fiscal year that has passed. The middle portion of the report displays the original budget, the revised budget, the expenses posted for the month, and the total posted for the year. It also has a column that displays the amount of commitments. The bottom line, last two columns of the report shows the available balance remaining in that budget, and the percentage spent to date.

Part 2 – Current Month Expenses/Transactions

The second page shows the detailed transactions that were posted to that budget for the previous period. This report is sorted first by program code, then by expense account code. Most expenses are posted with an Invoice, a document number starting with an "I", but there are some exceptions, see below:

A) P-card charges

P-card charges are posted a month behind and they are not encumbered. They will have a description on the report that includes "P-card-MON-YY-Vendor". The billing cycle is from the 15th to the 15th, so for example, if a requisition is received on the 15th of August, it is likely that charge won't be posted against the budget until the 20th of September. Keep that in mind when reviewing your available balance.

B) Prepaid Expenses

Prepaid expenses are those where payment is due in the current fiscal year, but the services are provided over a later fiscal year. For example, maintenance for a software package may cover the period January – December. Technically the period from January to June is in one fiscal year, and the period from July – December is in another fiscal year. In these cases, Finance will make an adjustment to reverse a pro-rata amount of the expenses in the current fiscal year, and post those charges to the

next fiscal year. These adjustments are called “journal entries”, and will be indicated by a description containing the words “Reversal and/or Prepaid”.

C) BTA Charges

Encumbrances for Travel Card (BTA) charges are created at the time the Travel Authorization is processed. This sets the budget aside for future travel charges. They will have a description on the report that includes “BTA-MON-YY-Vendor”. The billing cycle is from the 15th of one month to the 15th of the following month, so if a Travel Authorization is received on the 15th of August, it is likely that the charge for the airfare and registration will be posted that month, but the charges for the hotel won’t be posted until the trip has occurred.

Part 3 – Open Commitments

The third page is a list of open commitments for regular purchase orders, blanket purchase orders, and travel encumbrances. This is a listing of the budget that has been set aside for specific purposes. The report is sorted first by program code, then by expense account code. Blanket purchase orders can be adjusted throughout the year by the Budgetary Head or the Finance Department as needed to satisfy outstanding obligations. The total of this report should match the total of the commitments column on Part 1 – Monthly Budget Reports.

If at any time a Budgetary Head or Administrator has questions about their budget report, contact Ashley Smith or JaNan Abernathy.

Monthly Budget Report

Period: 11: from 01-May-11 to 31-May-11

Fiscal Year: 11: from 01-Jul-10 to 30-Jun-11

FY Passed: 91.67%

91.67%

Fund:	1100 Unrestricted Educational & General	Original Budget	Revised Budget	Current Month	YTD Activity	Commitments	Available Balance	% Used
Orgn:	5000 Office-Finance & Administration							
Prog Acct Acct Title								
4510 - Institutional Support								
7100 Expenditure Budget Pool	\$31,900.00	\$42,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$42,400.00	0.00%
7200 Admin & General	\$0.00	\$0.00	\$0.00	\$7.48	\$7.48	\$0.00	-\$7.48	N/A
7210 Books, Videos & DVD's	\$0.00	\$0.00	\$32.35	\$32.35	\$32.35	\$0.00	-\$32.35	N/A
7240 Maintenance Agreements	\$0.00	\$0.00	\$0.00	\$18,128.08	\$18,128.08	\$0.00	-\$18,128.08	N/A
7245 Membership/Institutional	\$0.00	\$0.00	\$0.00	\$425.00	\$425.00	\$0.00	-\$425.00	N/A
7255 Printing/Composition	\$0.00	\$0.00	\$0.00	\$154.50	\$154.50	\$0.00	-\$154.50	N/A
7280 Supplies	\$0.00	\$0.00	\$0.00	\$720.28	\$720.28	\$1,279.72	-\$2,000.00	N/A
7400 Travel-Meals & Lodging	\$0.00	\$0.00	\$345.56	\$529.29	\$529.29	\$0.00	-\$529.29	N/A
7410 Travel-Mileage	\$0.00	\$0.00	\$0.00	\$84.00	\$84.00	\$0.00	-\$84.00	N/A
7450 Travel-Registration Fees	\$0.00	\$0.00	\$0.00	\$1,245.00	\$1,245.00	\$0.00	-\$1,245.00	N/A
7460 Travel-Other	\$0.00	\$0.00	\$72.60	\$101.69	\$101.69	\$0.00	-\$101.69	N/A
7900 Administrative Fee	\$0.00	\$0.00	\$0.00	\$11,591.51	\$11,591.51	\$6,908.49	-\$18,500.00	N/A
Total Prog 4510:	\$31,900.00	\$42,400.00	\$450.51	\$33,019.18	\$33,019.18	\$8,188.21	\$1,192.61	97.19%
Total Orgn 5000:	\$31,900.00	\$42,400.00	\$450.51	\$33,019.18	\$33,019.18	\$8,188.21	\$1,192.61	97.19%

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PART 1

Total available balance: \$1,192.61

Current Month Expenses/Transactions

5000 - Office-Finance & Administration

Prog - 4510 - Institutional Support

Acct - 7210 - Books, Videos & DVD's

Ⓐ 05/25/11	PC051511 - P-card-MAY11-CUPA-HR	\$29.95
05/26/11	I0014920 - US Bank Corporate Payment System	\$2.40

Account Total **\$32.35**

Acct - 7240 - Maintenance Agreements

Ⓑ 05/10/11	J0004699 - Prepaid exp on I0014816-Evisions	(\$1,081.00)
05/10/11	I0014816 - Evisions Inc	\$1,081.00

Account Total **\$0.00**

Acct - 7400 - Travel-Meals & Lodging

Ⓒ 05/10/11	BTA00411 - BTA-APR11-L Jackson-Little Rock	\$345.56
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Account Total **\$345.56**

Acct - 7460 - Travel-Other

05/19/11	I0014877 - Abemathy, JaNan Michelle,	\$28.00
05/19/11	I0014878 - Jackson, Loretta Lynn.	\$44.60

Account Total **\$72.60**

Prog Total **\$450.51**

Orgn Total **\$450.51**

Open Commitments

Purchase Orders & Travel

5000 - Office-Finance & Administration

Prog - 4510 - Institutional Support

Acct - 7280 - Supplies

P0004156 - Office Depot

\$1,279.72

Acct Total \$1,279.72

Acct - 7900 - Administrative Fee

P0004179 - University of Arkansas at Little Rock

\$6,908.49

Acct Total \$6,908.49

Prog Total \$8,188.21

Orgn Total: X \$8,188.21

↑
Matches
PART 1