SGAO SPENDING GUIDE

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Student Union #1018, MSC03-2210

505-277-7888

web: sgao.unm.edu

List of Don'ts

- **Don't** sign your own reimbursement Internal Requisition (IR) form.
 - All reimbursement forms must be signed by two other authorized signatories.
- **Don't** spend unapproved funds.
 - You must spend according to your budget.
- Don't spend funds until they are in your SGAO account.
- Don't pay taxes for goods.
 - UNM is a tax-exempt organization. A tax-exempt certificate is at the back of your booklet. Take this with you when making purchases. SGAO <u>cannot</u> reimburse taxes paid on goods.
 - Tax can be paid for prepared foods, e.g., restaurant meals. All services are taxed.
- **Don't** drop by the SGAO unannounced to schedule travel arrangements.
 - As a professional courtesy, <u>PLEASE schedule an appointment</u> to ensure your accountant is available to assist with your travel arrangements.
- Don't place orders directly with UNM SUB Catering.
 - o SGAO must verify available funding.
- Don't pay for Professional Services (DJs, photographers, etc.) with your own funds.
 - SGAO must make these purchases for you.
- Don't purchase gift cards.
 - SGAO is <u>required</u> by UNM to make these purchases for you. We cannot purchase e-cards, however.
- **Don't** confuse Honorarium with Professional Services.
 - An Honorarium is a nominal payment as a courtesy for a University visit.
 - o Professional services are identified as services provided for a standard fee.
- **Don't** offer gift cards in lieu of an Honorarium payment.
 - The University must report honorarium payments to the payee and the Internal Revenue Service (IRS) on Form 1099.
 - o Payments to foreign persons are subject to 30% U.S. Federal tax withholding.

Spending Guide Amendment.

Petty Cash:

- o Original Itemized receipts no electronic copies or submission.
- Cannot reimburse travel costs such as Gas and Conference fees. You must receive a check for this.

❖ New Vendor Set up:

- UNM Main Unrestricted Account has changed their process for setting up vendors and it could take up to two weeks to complete the set-up process. Please provide a reliable contact name and email to send the vendor invitation.
- Please include your accountant in the planning of you events to ensure there are no delays in paying the vendor.
- You can verify if the vendor you want to use is set up in the system prior to making purchases or arrangements by emailing your Accountant.

***** Reimbursements:

- o Receipts must be original itemized with the method of payment visible.
- o Failure to bring proper receipts will result in you NOT getting reimbursed.
- Do not request a reimbursement for something paid by another member of your group. The person incurring the expense is the one that needs to submit the reimbursement request.
- Do not combine reimbursements for different events (Group meetings & Events)
 Even if food was purchased for both events, the business purposes are different and require separate IRs.
- Do not allow non-UNM students or community members make purchases for your group. UNM policy does not allow us to process reimbursements for those individuals.

❖ Internal Requisition:

- O not combine multiple students' reimbursement on one IR. We need a separate IR for each person getting reimbursed.
- Please make sure your IR has a complete Business Purpose (Who, What, When, Where, & Why.) If you do not provide a detailed explanation with the IR it will result in delay of processing your request.

***** Travel:

○ Hotels \leq 50 Miles from Albuquerque are not allowed.

UNM Branding:

- ANYTHING bearing the UNM logo or University of New Mexico must be approved by UCAM prior to making arrangements to have anything made or printed.
- Having custom printed "SWAG" is considered a professional service and is a noreimbursable expense. SGAO must make these types of purchases for your CSO.

Getting Started

Get Chartered

- Only chartered student organizations at the University of New Mexico may receive funding from ASUNM and GPSA.
- To become a chartered organization, visit the Student Activities Center in SUB 1018 or call 277-4706.

Attend a SGAO Workshop

- All student organizations receiving ASUNM and / or GPSA funding, must have two (2) representatives attend a *mandatory* SGAO Spending Workshop.
 - There are a number of workshops offered between July and September at various times. The two required representatives do not need to attend the same workshop; however, accessing your funds <u>cannot</u> occur until two representatives have attended.
- Graduate student organizations that receive PB Funds (pro-rated benefits) have workshops
 designed specifically for them. These workshops are also mandatory to access funds.

Workshop schedules will be posted at the SGAO website: http://sgao.unm.edu/workshops.html

Submit a Signature Authorization Form

Authorized signers are typically officers in the organization and have the responsibility of monitoring their organization's account. To initiate any transaction for a student organization account, two (2) authorized signers must sign the Internal Requisition (IR) form.

- A minimum of three (3) signers is required on accounts because individuals may not authorize their own reimbursement. (Advisors may be on the organization's account but are not required).
- The forms expire each year on June 30th. All signers must be renewed every July 1st to remain active on the account.

Signature Authorization Forms are available at the Student Government Accounting Office (SUB 1018) as well as online at http://sgao.unm.edu/forms-handouts/signature-authorization-form.pdf

Important Reminders!

Per the Chartered Student Organization (CSD) Policy:

Organizations receiving funding from the University must follow the fiscal policies and procedures of the University. In addition, organizations receiving ASUNM and/or GPSA funding must follow the fiscal guidelines developed by the Student Government Accounting Office.

Per UNM Policy 7200, 1.4:

Chartered Student Organizations that receive funding from the University must deposit all funds that they collect in an internal University account, through the Student Government Accounting Office.

If your organization has an off-campus bank account and wishes to continue to receive funding from the university (ASUNM or GPSA), you will need to close the account immediately and provide proof of the closure and deposit any funds with the SGAD.

Unallowable Expenditures

- Political contributions to individuals or organizations
- Payments to UNM employees outside of Payroll
- Awards/Gifts to UNM employees
- Gifts to students
- Personal expenses
- Alcohol

Gift Cards / Incentives

While the university does not prohibit these types of purchases, it does have the following specific limitations associated with them:

- Gift Card purchases MUST BE made directly by an SGAO accountant. We CANNOT reimburse these types of purchases.
- Gift Cards CANNOT be given to University employees or individuals NOT associated with UNM, e.g., guest speakers in lieu of Honorarium payment.
- There must be a specific business purpose associated with these purchases.
- E-gift cards are NOT an option.

Honorarium

- Payable to an individual of special achievement or renown.
- Payment does not constitute compensation.
- A social security number of the individual you are paying is required.
- Cannot be paid to UNM employees or students.

ARE YOU REQUESTING A REIMBURSEMENT? Yes Completely fill out an IR form. Is this a travel reimbursement? Yes No Submit a signed travel Submit a signed reimbursement form and reimbursement form. affidavit, if necessary. Attach all itemized receipts. Is your reimbursement less than \$100? Yes No Do you want cash? No Yes If you have your Lobo ID, we can pay you **now**. Is your address correct in the UNM system? Yes No Fix it!! SGAO will process for payment. You should receive your

funds within 14-21 days.

Reimbursements

Important:

- Reimbursement claims should be submitted to the SGAO as soon as possible, but <u>no later than 30 calendar days</u> after making the purchase.
- ▶ Per UNM Policy 4000, 4.2: Reimbursements and payments will not be processed if submitted more than one hundred and eighty (180) calendar days after the expenses were paid or incurred.
- * Receipts being submitted MUST BE original and itemized showing the items purchased and method of payment, e.g. cash, credit card.
- ➤ Payment of Gross Receipts Tax **WILL NOT** be reimbursed. <u>To avoid paying tax, use the tax-exempt form at the back of this booklet.</u>

Types of Reimbursements

1. Petty Cash

Processing Time- Same Day Method of Payment- Cash

Requirements:

- Reimbursements under \$100.
- Goods off the shelf (no tax).
- Restaurant receipts (can include tax & tip: 20% max).

2. Checks / Direct Deposit

Processing Time- 14-21 Days Method of Payment- Check or Direct Deposit

Requirements:

- Reimbursements over \$100 or under \$100 if payee chooses to receive a check rather than petty cash.
- Goods off the shelf (no tax).
- Restaurant receipts (can include tax & tip: 20% max).

Instructions:

- 1. Fill out the IR form with detailed information (see page 4).
- 2. Attach ALL ORIGINAL / ITEMIZED receipts (do not use highlighter; circle or * instead).
- 3. Payee must sign the Reimbursement Form (see page 5).
- 4. Attach a sign-in sheet for food purchases with fewer than 21 attendees.
- 5. Attach agenda or flyer for event.
- 6. Submit to SGAO for processing.

Student Government Accounting Office Reimbursement Form for Goods & Food Purchases

I hereby certify the expenses incurred, as reported on this form, were necessary and proper, are just and true in all respects, and that no part of the amount requested to be paid or reimbursed has been paid or reimbursed by any other source.

Reimbursements:

If the payment being requested on this form represents reimbursement to a UNM employee, by signing below, the employee acknowledges that any expense incurred greater than sixty (60) days before receipt of this form by Financial Services will be considered additional taxable compensation per IRS regulations and herby authorizes all applicable taxes to be withheld from their next paycheck.

\$28.90
Total Amount of Request
The Billy Club
Organization Name
10/15/18
Date

STUDENT GOVERNMENT ACCOUNTING OFFICE (SGAO) STUDENT UNION BUILDING 1018 • MSC 03 2210 • (505) 277-7888 • Fax: (505) 277-2987

Email: sgao@unm.edu • website www.unm.edu/~sgao

INTERNAL REQUISITION

ORGANIZATION:	he Billy Club)		DATE:07/1	5/16
ORG. CONTACT:	Billy Crystal	PHONE:5	55-5555 E-MAII	L ADDRESS : <u>billyc@u</u>	nm.edu
	STUDENT OR EMPLOYEE	2. □ON-CAMPUS VE □ONE TIME	NDOR 3. □O □ MASTER	FF-CAMPUS VENDOR <u>OR</u> INDIVIDUAL	4. □отне г
PAYEE INFORMATION	ON: (check all that appl	y) <u>X</u> STUDENT_	FACULTY/ STAFF/	RA, GA, TA, PAFO	REIGN NATIONAL
Payee Name:	Billy Idol		Co	mplete one ID # as appl	icable to payee
Address:	4122 Desert Springs [Dríve	UN	M ID # <u>1 0 0 0 0 0 0</u>	00_
	Albuquerque	NM 8713	1	(UNM Student /Ei	mployee)
	City State	Zip	SSN #		(Individual- NON-UNM)
Phone:555-55	555 E-mail: _idol@uni	m.edu	Federal	Tax ID #	
DESCRIPTION OF		DE DUD CHI (CED O			mpus Vendor)
DESCRIPTION OF	F ITEMS/RECEIPTS TO	BE PURCHASED OF	R REIMBURSED (Att	ach additional pages(s) if mor	e space is needed)
	eshments\$				-
2)_Smith's-Spoo	ons \$_	2.89 5)_		<u></u>	
		6)			_
REQUIRED FOR EVE	SNTS:	3illy Club Recruit	ment Event	DATE:	13/16
REQUIRED FOR EVE	SNTS: NAME OF EVENT: _	6)_ 3illy Club Recruit ON: <u>SUB A</u> coma A	ment <u>vent</u>	DATE:	13/16
REQUIRED FOR EVE START TIME: 4pm 1 ACCOUNT NUMBERS	SOLUTION SENTS: NAME OF EVENT:	6)_ 3illy Club Recruit ON: SUB Acoma A UNTS (Fill-in all that app 6.01	ment <u>Event</u> 4 of Attendees <u>34</u>	DATE:	13/16 ATTENDEES)
REQUIRED FOR EVE START TIME: 4pm I ACCOUNT NUMBERS ACCOUNT: 670 O O Inde EXPLANATION OF	SOLUTION SENTS: NAME OF EVENT:	6)_ Silly Club Recruit ON: SUB Acoma A UNTS (Fill-in all that app .6.01 2.89 Ount	ment <u>vent</u> # of Attendees <u>34</u>	DATE: $07/$ IF < 21, ATTACH LIST OF	13/16 ATTENDEES) → \$ 28.90
REQUIRED FOR EVE START TIME: 4pm I ACCOUNT NUMBERS ACCOUNT: 670 O O Inde EXPLANATION OF	ENTS: NAME OF EVENT:	3illy Club Recruit ON: SUB Acoma A INTS (Fill-in all that app. 6.01 2.89 Ount 3ananas and fixings Algebra Date Annot authorize his	ment Event # of Attendees 34 Over 19 FOTAL CHARGE AN purchased to make Authorized Signature or her own reimbur	DATE:O7/ DATE	13/16 ATTENDEES) → \$ 28.90
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REQUIRED FOR EVE START TIME: 4pm I ACCOUNT NUMBERS ACCOUNT: 670 0 0 ACCOUNT: 670 0 0 Inde EXPLANATION OF summer recruitment Bully Bull Authorized Signat	ENTS: NAME OF EVENT:	3illy Club Recruit ON: SUB Acoma A INTS (Fill-in all that app. 6.01 2.89 Ount 3ananas and fixings Algebra Date Annot authorize his	ment Event # of Attendees 34 Over 19 FOTAL CHARGE AN purchased to make Authorized Signature or her own reimbur	DATE:O7/ DATE	13/16

Travel Reimbursement

Processing Time ~ 14-21 Days

Method of Payment: Check or Direct Deposit

All International travel MUST be pre-approved by the Global Education Office at 2120 Mesa Vista Hall before we will make any travel arrangements for your student organization.

Important:

- Prior to arranging travel, visit the SGAO (SUB 1018) to discuss pre-payment options available for:
 - conference fees,
 - > airline and,
 - hotel accommodations.

As a professional courtesy, SGAO would like you to schedule an appointment to ensure your accountant is available to assist with your travel arrangements.

- Reimbursement claims should be submitted to the SGAO as soon as possible but <u>no later than 30</u> calendar days after returning from the official UNM trip for which you are making a claim.
- Reimbursements can only be made to UNM students, UNM employees and official guests of the University.
- Receipts being submitted must be original and itemized showing the details of your purchase.
 - > Receipts must also clearly show your **method of payment**, e.g., cash, credit card.
 - Credit card statements may also be requested by the SGAO.

Instructions:

- 1. Fill out the IR form (see next page) with detailed information and attach ALL ORIGINAL / ITEMIZED receipts.
- 2. Include the TIME & DATE you left and returned on the "date of event" line.
- 3. In detail, please list the name of the conference, tournament or other UNM Business purpose for travel.
- **4.** Attach signed travel reimbursement form (page 22) and travel affidavit (page 23), if applicable. These forms may also be found at http://sgao.unm.edu/.
- **5.** Additional documentation should be provided when available (e.g., conference brochures or materials).

Travel Reimbursement Checklist

Original itemized receipts for all expenditures being claimed for reimbursement must be provided.

***** All receipts MUST show method of payment. *****

Travel MUST BE completed prior to reimbursement.

✓ Airline Ticket Receipt and Itinerary

Reimbursement will be processed upon receipt indicating that payment in full has been made.

➤ It is preferable that airline tickets are paid, in advance, by an accountant in SGAO. You may contact your SGAO accountant to set up a time to purchase your airline tickets.

✓ <u>Itemized Hotel Receipt</u>

Reimbursement will be processed upon receipt indicating that payment in full has been made.

- It is preferable that hotel charges are paid, in advance, by an accountant in SGAO. You may contact your SGAO accountant to set up a time to purchase your airline tickets.
 - Reimbursements are allowed for room and tax charges ONLY.

✓ Ground Transportation

Reimbursement will be processed upon receipt indicating that payment in full has been made.

- Original rental car receipt.
- > Fuel receipts.
- Original receipts for cab fare, Uber, parking, tolls, etc.
- If driving and claiming mileage, you will be reimbursed at either ASUNM or GPSA rates, depending how your group's affiliation.

✓ Meal Expenses

Provide ITEMIZED receipts for all meals being claimed.

✓ Conference/Event Registration

Reimbursement will be processed upon receipt indicating that payment in full has been made.

- You may choose to contact your SGAO accountant to set up a time to purchase your conference registration.
- > Attach a conference agenda.

Important: If you are paying for others who are NOT seeking reimbursement, each individual must sign an AFFIDAVIT stating they will not seek reimbursement for any expenses related to the specific travel for which you are seeking reimbursement.

Student Government Accounting Office TRAVEL REIMBURSEMENT FORM

I hereby certify the expenses incurred, as reported on this form, were necessary and proper, are just and true in all respects, and that no part of the amount requested be paid or reimbursed has been paid or reimbursed by any other source. I also certify that any travel associated with the above expenses has been completed for the stated UNM Business Purpose.

Destination: Los Ai	ngeles, CA		
Departure Date & Time:	9/8/18 @ 7pm	Return Date & Time:	9/12/18 @ 9pm
Lodging / Hotel Name:	Marriott - Los Ange	eles Downtown	
Lodging / Hotel Address:	333 S. Figueroa St.	, Los Angeles	
Total Amount of Request:	<u>\$437·61</u>		
Jimmy	Fallon	The Co	mics Club
Printed N		Organiza	ntion Name
10000	000		
Banner	ID#		
Jimmy F	Pallon	9/16	5/2018
Signati			Date

NECESSARY FOR **ALL** TRAVEL REIMBURSEMENTS

STUDENT GOVERNMENT ACCOUNTING OFFICE (SGAO)

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Email: sgao@unm.edu • website www.unm.edu/~sgao

INTERNAL REQUISITION

ORGANIZATION:	The Comics Club			DATE:	02/25/17
ORG. CONTACT:	Stephen Colbert				
	STUDENT OR EMPLOYEE 2. □C <\$100 ⊠CHECK	ON-CAMPUS VEND		3. □OFF-CAMPUS VENDOR <u>OR</u> INDIVIDUA	
PAYEE INFORMATION	ON: (check all that apply)x	C_student_	_FACULTY/ S	STAFF/ RA, GA, TA, PA	FOREIGN NATIONAL
Payee Name:	Jimmy Fallon	***************************************	Co	mplete one ID # as applicab	le to payee
Address:	1600 Haviture Way, NW		_	UNM ID # 1000000	00
	Albuquerque NM	87131		(UNM Stude:	nt /Employee)
	City State	Zip	SS	SN #	(Individual- NON-UNM)
Phone: <u>505-555-5</u>	555 E-mail: fallonj@unm.ed	u Fed	eral Tax ID		
DESCRIPTION OF	E ITEMS/DECEIDTS TO DE DIT	DCHASED OD I	DEIMBLIDS		campus Vendor)
DESCRIPTION OF	F ITEMS/RECEIPTS TO BE PUR	RCHASED OR I	KEIMBURS	ED (Attach additional pages(s) if	more space is needed)
1) Hotel- 3 nights	s\$_246.18_	4)		\$	
2)_Food-per recie	\$ 246.18 epts \$ 63.82			\$	
3) Gas-per receip	sts \$ 127.61			\$	
REQUIRED FOR EVE	NTC.				
	NAME OF EVENT: <u>Comic (</u> END TIME: <u>9pm</u> LOCATION: <u>los</u>				
ACCOUNT NUMBERS	S TO CHARGE AND AMOUNTS (Fi	ll-in all that apply)			
ACCOUNT: 670 o	0 - 4080 \$ 437.61				
ACCOUNT: 670	\$	TO	TAL CHAR	GE AMOUNT→→→→→	→→\$ 437.61
Inde	ex# Account-code Amount EVENT/PURCHASE:	to our National	Conferen	ce to learn more about co	mic history and
	in Los Angeles, CA	io our j varional	Comercin	ec to learn more about co	ille History and
Ellen "	De Generes 2/2	25/17	Chri	s Rock	2/25/17
Authorized Signat	ture / Note: Payee cannot a		Authorized S her own re	8	Date
COMMENTS:		GAO OFFICE USE			
				Approved By:	Date:
				Doc. Type:	Tracking #
	White-SGAO	Valla	y Student Organi	ization	

White-SGAO

Student Government Accounting Office AFFIDAVIT

Jimmy Fallon	
PAYFF	

I will NOT, at any time, seek reimbursement for the attached expenses incurred as they are to be reimbursed to the above named person.

Destination:	Los Aı	ngeles, CA	
Date(s) of trip:	9/8/18	- 9/12/18	
Banne	er ID#	Traveler's Name (Printed)	Traveler's Signature
10101		Stephen Colbert Tina Fey	Stephen Colbert Tina Fey

On-Campus Purchases

Processing Time: 1 - 2 Days

UNM Bookstore

- Fill out and submit the IR form to SGAO (see next page).
- After submitted, we will type up a Bookstore Requisition that you must pick-up and take to the Bookstore in order to make your purchases.
 We will call the organization's contact person when it is ready to be picked up.
- Once you've made your purchase, visit the requisition desk at the back left corner of the store to authorize charges to your account via the Requisition.
- Return the receipt of purchased items to SGAO as quickly as possible.

Other On-Campus Vendors (e.g., UNM Copy Center, Daily Lobo, Physical Plant, IT)

- Fill out and submit the IR form to the SGAO (see next page).
- After submitted, we will send necessary paperwork to these vendors.
- Payment will be made directly to the vendor, but if you receive a bill/invoice, be sure to get it to the SGAO as quickly as possible.
- If plans change that will alter the amount or date of use, please let us know so money will not be reserved from your account for that purpose. Particularly, if an event is canceled, let us know at the earliest convenience.

Please Note:

• If your organization plans on using an on-campus vendor more than once throughout the year (Daily Lobo or UNM Copy Center), you may request that SGAO set up a **Master Requisition**. This will allow purchases to be charged directly to your account with a Not To Exceed (NTE) amount without your having to come into the SGAO each time you want to make a purchase. However, this will result in your NTE amount being held from all other spending.

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Email: sgao@unm.edu • website www.unm.edu/~sgao

INTERNAL REQUISITION

ORGANIZATION: The Foodie Club
ORG. CONTACT: Barefoot Contessa PHONE: 555-555 E-MAIL ADDRESS: bare@unm.edu
PAYMENT TYPE: 1. □ REIMBURSE UNM STUDENT OR EMPLOYEE 2. □ ON-CAMPUS VENDOR 3. □ OFF-CAMPUS VENDOR 4. □ OTHER □ PETTY CASH <\$100 □ CHECK □ ONE TIME □ MASTER OR INDIVIDUAL 4. □ OTHER
PAYEE INFORMATION: (check all that apply)STUDENTFACULTY/ STAFF/ RA, GA, TA, PAFOREIGN NATIONAL
Payee Name:UNM Bookstore Complete one ID # as applicable to payee
Address: UNM ID #
(UNM Student / Employee)
Phone: E-mail: Federal Tax ID # (Off-campus Vendor)
DESCRIPTION OF ITEMS/RECEIPTS TO BE PURCHASED OR REIMBURSED (Attach additional pages(s) if more space is needed)
1) Office supplies: pens, stapler, tape \$ 25.50 4) \$ \$ 25.50 4) \$ \$ 3) \$ \$ 6 \$ \$ \$
REQUIRED FOR EVENTS: NAME OF EVENT: START TIME: END TIME: LOCATION: # of Attendees (IF < 21, ATTACH LIST OF ATTENDEES)
ACCOUNT NUMBERS TO CHARGE AND AMOUNTS (Fill-in all that apply)
ACCOUNT: $670 \bigcirc \bigcirc \bigcirc \bigcirc -3100$ \$ 25.50 ACCOUNT: $670 \bigcirc \bigcirc \bigcirc \bigcirc -3110$ \$ 15.75 TOTAL CHARGE AMOUNT $\rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \uparrow \uparrow 1.25$ Index # Account-code Amount
EXPLANATION OF EVENT/PURCHASE: Basic office supplies for organizational use. Book will be used for educational reference and will be kept in our campus office.
Authorized Signature Note: Payee cannot authorize his or her own reimbursement! SGAO OFFICE USE ONLY

On-Line Vendors

Processing Time- 2-3 Days

Important:

- Orders MUST be shipped to the SGAO.
- Remember to include the cost of shipping and taxes to ensure availability of funds in your account.

Instructions:

- 1. Fill out and submit the IR form to SGAO (see next page) with the items you wish to purchase. You may create a 'cart' with the vendor and submit it along with the IR.
- 2. After the IR is submitted, your assigned accountant will place the order with the vendor. SGAO will contact the name provided on the IR once the item(s) is received.
- 3. If you would like to sit down with the accountant to ensure the correct items are ordered, you can **set up an appointment** beforehand by sending an e-mail to sgao@unm.edu or by calling 277-7888.

Please note: If your student organization wishes to have t-shirts printed with a UNM logo, your organization must abide by the University of New Mexico Policy of Collegiate Licensing & Trademark Usage.

POLICY STATEMENT

The use of any trademark, trade name, logo or symbol which identifies the University of New Mexico may not be used without the prior expressed written authorization of the University of New Mexico Licensing Department. Products bearing those marks and distributed for resale or other promotional purposes are subject to the licensing policies of the University.

Merchandise produced without written authorization may be considered "counterfeit" and subject to all available legal remedies, including seizure of the merchandise.

Only an officially licensed vendor is approved to produce emblematic merchandise bearing the University of New Mexico marks.

Licensed Albuquerque-based vendors:

- Zia Graphics (505) 881-1477 <u>ziagraphics.com/ZiaGraphics/</u>
- Graphic Connection (505) 219-2121 gcsportswear.com
- Screen Images, Inc. (505) 344-8534 screenimagesnm.com

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Email: sgao@unm.edu • website www.unm.edu/~sgao

INTERNAL REQUISITION

ORGANIZATION: Music Lovers Club	DATE:9/1/16
ORG. CONTACT: Jimmy Bose	PHONE: 555-5555 E-MAIL ADDRESS: jbose@unm.edu_
PAYMENT TYPE: 1. REIMBURSE UNM STUDENT OR EMPLOYEE 2. DO PETTY CASH <\$100 CHECK	ON-CAMPUS VENDOR 3. ⊠OFF-CAMPUS VENDOR 4. □OTHER □ONE TIME □ MASTER OR INDIVIDUAL
PAYEE INFORMATION: (check all that apply)	STUDENTFACULTY/ STAFF/ RA, GA, TA, PAFOREIGN NATIONAL
Payee Name: Amazon.com	Complete one ID # as applicable to payee
Address:	UNM ID # (UNM Student /Employee)
City State	Zip SSN #(Individual- NON-UNM)
Phone: E-mail:	
DESCRIPTION OF ITEMS/RECEIPTS TO BE PUR	RCHASED OR REIMBURSED (Attach additional pages(s) if more space is needed)
1) Music Trivia Games (see attached) \$49.35 2) plus shipping \$\$	5)
3)\$	
REQUIRED FOR EVENTS: NAME OF EVENT:	DATE;
REQUIRED FOR EVENTS: NAME OF EVENT:	
REQUIRED FOR EVENTS: NAME OF EVENT:	DATE:
REQUIRED FOR EVENTS: NAME OF EVENT: START TIME: END TIME: LOCATION ACCOUNT NUMBERS TO CHARGE AND AMOUNTS (Fill ACCOUNT: 670 0 0 - 3110 \$ 49.35 plus ACCOUNT: 670 \$ Index # Account-code Amount EXPLANATION OF EVENT/PURCHASE:Games w	DATE: # of Attendees (IF < 21, ATTACH LIST OF ATTENDEES) # in all that apply) # shipping
REQUIRED FOR EVENTS: NAME OF EVENT: START TIME: END TIME: LOCATION ACCOUNT NUMBERS TO CHARGE AND AMOUNTS (File ACCOUNT: 670 0 0 - 3110 \$ 49.35 plus ACCOUNT: 670 \$ Index # Account-code Amount EXPLANATION OF EVENT/PURCHASE: Games we bi-weekly meetings and during social events. Games we have a complete the complete th	DATE: # of Attendees (IF < 21, ATTACH LIST OF ATTENDEES) # shipping TOTAL CHARGE AMOUNT \rightarrow \right

White-SGAO

Yellow- Student Organization

Two Food Options in the SUB

Both these types of purchases require an IR prior to any purchase.

~~~~~ Lobo Ca\$h Card ~~~~~

This type of request can be used for food purchases from vendors in the SUB. You must pick up the **Lobo Ca\$h Card** from SGAO to make these purchases.



## UNM CATERING



How to:

## Order food

#### for chartered student organizations



Once approved, the Accountant will provide a copy to the student with the "not to exceed" amount.



Student will submit an Internal Requisition (IR) to SGAO for Accountant approval.



The student group will give UNM Catering the IR, which will contain the name of the student organization, the index, and the PCard to charge



UNM Catering will assist the student organization with placing the order.



If there are any changes needing to be made to the order, contact UNM Catering at 277-2506

**Attention:** 

There is a \$35 delivery fee (set up/tear down). No charge will be applied if you choose to pick it up yourself.

# Lobo Cash Card SUB Food Vendors

Processing Time: Same Day

#### Important:

- This type of request can be used for food requests from vendors in the SUB (separate from SUB Catering).
- You must pick up the **Lobo Cash Card** from SGAO to make these purchases.
- A Lobo Cash Card can only be checked out between the hours of 8:30am and 4:00pm, Monday-Friday. If your event is happening outside of these hours, pre-pay during the allowed time frame and arrange a later food pickup time with the vendor.
- There is no discount associated with this option.

#### Instructions:

- 1. Check with the SUB vendor to determine order details and price estimate.
- 2. Fill out and submit the IR form to the SGAO (see next page).
- 3. We will review your request immediately and, if approved, check out the Lobo Cash Card for your immediate use.
- 4. Check out process includes leaving your UNM ID and completing a brief checkout form.
- 5. After you complete your purchase, return the **Lobo Cash Card** and the receipt to the SGAO office by 4:30 the day of purchase and pick up your ID. We will then charge your account for your purchase.

#### STUDENT GOVERNMENT ACCOUNTING OFFICE (SGAO)

STUDENT UNION BUILDING 1018 • MSC 03 2210 • (505) 277-7888 • Fax: (505) 277-2987

Email: <a href="mailto:sgao@unm.edu">sgao@unm.edu</a> • website www.unm.edu/~sgao

#### INTERNAL REQUISITION

| ORGANIZATION: Skate Boarding Club                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DATE:09/15/16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ORG. CONTACT: Louie Lobo PHONE: 555-5555 E-MAIL ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| PAYMENT TYPE; 1. □ REIMBURSE UNM STUDENT OR EMPLOYEE 2. ☑ ON-CAMPUS VENDOR □ PETTY CASH <\$100 □ CHECK ☑ ONE TIME □ MASTER                                                                                                                                                                                                                                                                                                                                                                                                                             | APUS VENDOR 4. □OTHER<br><u>OR</u> INDIVIDUAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| PAYEE INFORMATION: (check all that apply)STUDENTFACULTY/ STAFF/ RA, GA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , TA, PAFOREIGN NATIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Payee Name: Wise Pies / Lobo Cash Card Complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | one ID # as applicable to payee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| This sample can be used for ONE TIME PAYMENTS to SUB Vendors i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ncluding:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| *Chick-fil-A* *-Mercado* *Wise Pies* *Blake's*<br>*Satellite Coffee* *Subway* *Twisters*                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| No Address or ID numbers necessary for on-campus vend                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | dors_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| DESCRIPTION OF ITEMS/RECEIPTS TO BE PURCHASED OR REIMBURSED (Attach add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | itional pages(s) if more space is needed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 1) Pízza and Drinks \$ 50.00 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| s 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| 6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 3)\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| REQUIRED FOR EVENTS:  NAME OF EVENT: _Meeting w/ guest speaker Ryan Sheckler                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| REQUIRED FOR EVENTS:  NAME OF EVENT: _Meeting w/ guest speaker Ryan Sheckler  START TIME: 6pm END TIME: 8pm LOCATION: SUB Acoma A # of Attendees _ 30_ (IF < 21,                                                                                                                                                                                                                                                                                                                                                                                       | ATTACH LIST OF ATTENDEES)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| REQUIRED FOR EVENTS:  NAME OF EVENT: _Meeting w/ guest speaker Ryan Sheckler START TIME: 6pm END TIME: 8pm LOCATION: SUB Acoma A # of Attendees _ 30_ (IF < 21,  ACCOUNT NUMBERS TO CHARGE AND AMOUNTS (Fill-in all that apply)  ACCOUNT: 670 O O O31Bo \$50.00  ACCOUNT: 670 \$ TOTAL CHARGE AMOUNTS                                                                                                                                                                                                                                                  | ATTACH LIST OF ATTENDEES) $T \rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \$ 50.00$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| REQUIRED FOR EVENTS:  NAME OF EVENT: _Meeting w/ guest speaker Ryan Sheckler START TIME: 6pm END TIME: 8pm LOCATION: SUB Acoma A # of Attendees _30_ (IF < 21,  ACCOUNT NUMBERS TO CHARGE AND AMOUNTS (Fill-in all that apply)  ACCOUNT: 670 O O O31Bo \$ _50.00  ACCOUNT: 670 \$ TOTAL CHARGE AMOUN  Index # Account-code Amount  EXPLANATION OF EVENT/PURCHASE: _ Refreshments for general meeting with a to discuss techniques.  Like Low                                                                                                           | ATTACH LIST OF ATTENDEES)  T \rightarrow \ |
| REQUIRED FOR EVENTS:  NAME OF EVENT: _Meeting w/ guest speaker Ryan Sheckler START TIME: 6pm END TIME: 8pm LOCATION: SUB Acoma A # of Attendees _30_ (IF < 21,  ACCOUNT NUMBERS TO CHARGE AND AMOUNTS (Fill-in all that apply)  ACCOUNT: 670 _ 0 _ 031Bo _\$ _50.00  ACCOUNT: 670 \$ TOTAL CHARGE AMOUN  Index # Account-code Amount  EXPLANATION OF EVENT/PURCHASE: Refreshments for general meeting with a to discuss techniques.  Live _ Jabo  Authorized Signature  Note: Payee cannot authorize his or her own reimbursement SGAO OFFICE USE ONLY | ATTACH LIST OF ATTENDEES)  T \rightarrow \ |

# UNM Catering

- You must make sure your organization submits paperwork **7 days prior to event** for UNM Catering to process your order.
- **DO NOT** place your organization's order directly with UNM Catering. SGAO must verify the availability of your funds prior to purchase.

#### Instructions:

- 1. Fill out and submit the IR form to the SGAO (see next page). If your organization is arranging anything other than food, please submit a separate IR designating a different payee, e.g., UNM Event Planning.
- 2. Payment will be made directly by SGAO but if you receive an invoice, be sure to get it to the SGAO as quickly as possible.
- 3. If plans change that will alter the amount or date of use, please let us know so money will not be reserved from your account for that purpose. Particularly, if an event is canceled, let UNM Catering and SGAO know at the earliest convenience.
- 4. For menu options, please go to: <a href="https://unmcatering.catertrax.com">https://unmcatering.catertrax.com</a>

# UNM Event Planning

## SUB Room Reservations

- A CSO may reserve space in the SUB, <u>at no charge</u>, for meetings and/or events specific to the Chartered Student Organization.
- Room rental fees are waived for all CSOs with the following exceptions:
  - When an admission or registration fee is charged, the organization will be charged the Student Organization Room Rental Rate. Exceptions will be made for organizations that order catering for their SUB event and are charged a participant fee only to cover the cost.
  - Additional fees may be charged for AV technicians, stage set up, additional staff/staff overtime, additional building hours (hours needed before or after normally scheduled building hours) and other related costs necessary to accommodate the event requirements.
- Please visit <a href="http://sub.unm.edu/event-planning/chartered-student-organizations.html">http://sub.unm.edu/event-planning/chartered-student-organizations.html</a> for more information.

STUDENT GOVERNMENT ACCOUNTING OFFICE (SGAO)
STUDENT UNION BUILDING 1018 • MSC 03 2210 • (505) 277-7888 • Fax: (505) 277-2987
Email: sgao@unm.edu • website www.unm.edu/~sgao

#### INTERNAL REQUISITION

| ORGANIZATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Culture Club                                                                                                               |                                                                                                                                                         |                                                                                         | DATE: _                                                                     | 11/01/16                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| ORG. CONTACT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Culture Club<br>Bubba Gump                                                                                                 | PHONE:                                                                                                                                                  | 555-5555                                                                                | E-MAIL ADDRESS                                                              | S: bubbag@unm.edu                                                                       |
| and the second s |                                                                                                                            |                                                                                                                                                         |                                                                                         |                                                                             |                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STUDENT OR EMPLOYEE<br><\$100 □CHECK                                                                                       | 2. ⊠on-campus vendo<br>⊠one time □ 1                                                                                                                    | r 3. □@<br>Master                                                                       | OFF-CAMPUS VENDOF<br><u>OR</u> INDIVIDU                                     | R 4. □OTHER<br>UAL                                                                      |
| PAYEE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ON: (check all that appl                                                                                                   | y)studenti                                                                                                                                              | ACULTY/ STAFF                                                                           | / RA, GA, TA, PA                                                            | FOREIGN NATIONAL                                                                        |
| Payee Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | UNM Catering                                                                                                               |                                                                                                                                                         |                                                                                         |                                                                             |                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            | ID numbers necessar<br>ut an IR for each UNM                                                                                                            |                                                                                         |                                                                             |                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                                                                         |                                                                                         |                                                                             |                                                                                         |
| DESCRIPTION OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | F ITEMS/RECEIPTS TO                                                                                                        | BE PURCHASED OR R                                                                                                                                       | EIMBURSED (A                                                                            | ttach additional pages(s)                                                   | if more space is needed)                                                                |
| 1) _Catering (see a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ttached order)\$                                                                                                           | 5_95.004)                                                                                                                                               |                                                                                         |                                                                             |                                                                                         |
| 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                            | <i>\$</i>                                                                                                                                               |                                                                                         |                                                                             | <b>\$</b>                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                                                                         |                                                                                         |                                                                             | <b>C</b>                                                                                |
| 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$                                                                                                                         |                                                                                                                                                         |                                                                                         |                                                                             | Φ                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                                                                         |                                                                                         |                                                                             | <b>5</b>                                                                                |
| REQUIRED FOR EVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>SNTS</u> :  NAME OF EVENT: END TIME: <u>8pm</u> LOCATIO                                                                 | Día de los Muertos ev                                                                                                                                   | ent                                                                                     | DATE;1                                                                      | 1/01/16                                                                                 |
| REQUIRED FOR EVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME OF EVENT:                                                                                                             | Día de los Muertos ev<br>DN: <u>SUB Acoma A</u> #                                                                                                       | ent                                                                                     | DATE;1                                                                      | 1/01/16                                                                                 |
| REQUIRED FOR EVE START TIME: 6pm E ACCOUNT NUMBERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NAME OF EVENT:  END TIME: 8pm LOCATION  S TO CHARGE AND AMOU  O - 31BO \$ 95.  - \$                                        | Día de los Muertos ev<br>DN: <u>SUB Acoma A</u> #<br>UNTS (Fill-in all that apply)                                                                      | ent<br>of Attendees <u>55</u>                                                           | DATE;1                                                                      | 1/01/16<br>ST OF ATTENDEES)                                                             |
| REQUIRED FOR EVE  START TIME: 6pm E  ACCOUNT NUMBERS  ACCOUNT: 670 0 0  ACCOUNT: 670 Inde                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAME OF EVENT:  END TIME: 8pm LOCATION  S TO CHARGE AND AMOU  O - 31BO \$ 95.  - \$                                        | Día de los Muertos ev<br>DN: SUB Acoma A#<br>UNTS (Fill-in all that apply)                                                                              | ent of Attendees <u>55</u> AL CHARGE A                                                  | DATE:1<br>_(IF < 21, ATTACH LI                                              | $\frac{1/01/16}{\text{ST OF ATTENDEES}}$ $\Rightarrow \rightarrow \rightarrow \$ 95.00$ |
| REQUIRED FOR EVE  START TIME: 6pm E  ACCOUNT NUMBERS  ACCOUNT: 670 o o  ACCOUNT: 670  Inde  EXPLANATION OF  Authorized Signate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NAME OF EVENT:  END TIME: 8pm LOCATION  S TO CHARGE AND AMOUNT  O - 31BO \$ 95.  - \$ Account-code Amount  EVENT/PURCHASE: | Día de los Muertos evolumis SUB Acoma A#  UNTS (Fill-in all that apply)  OO  Ount  Refreshments for cultur                                              | ent of Attendees _55  AL CHARGE A al event to enco  Buffa uthorized Signa er own reimbu | DATE:1(IF < 21, ATTACH LIS  MOUNT -> -> ->  Durage community extense  There | $\frac{1/01/16}{\text{ST OF ATTENDEES}}$ $\Rightarrow \rightarrow \rightarrow \$ 95.00$ |
| REQUIRED FOR EVE  START TIME: 6pm E  ACCOUNT NUMBERS  ACCOUNT: 670 0 0  ACCOUNT: 670 Inde  EXPLANATION OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAME OF EVENT:  END TIME: 8pm LOCATION  S TO CHARGE AND AMOUNT  O - 31BO \$ 95.  - \$ Account-code Amount  EVENT/PURCHASE: | Día de los Muertos ev  DN: SUB Acoma A #  UNTS (Fill-in all that apply)  OO  TOT  ount  Refreshments for cultur  11/2/16 Date  Annot authorize his or h | ent of Attendees _55  AL CHARGE A al event to enco  Buffa uthorized Signa er own reimbu | DATE:1(IF < 21, ATTACH LIS  MOUNT -> -> ->  Durage community extense  There | 1/01/16                                                                                 |

White-SGAO

Yellow- Student Organization

# Professional Services Vendors

Processing Time ~ 14-21 Days

Students SHOULD NOT pay for services with personal funds.

All services MUST be pre-approved by UNM prior to payment.

Contracts or agreements should NEVER be signed by a student group!

#### Instructions:

- 1. Fill out and submit the IR form to SGAO (see next page).
  - ➤ Be sure to include the federal tax ID/SSN and correct address.
  - Some vendors may be required to fill out a W-9 form.
  - ➤ Include invoice or UNSIGNED contract/agreement from the vendor.
  - Complete a mandatory Professional Services Checklist (see page 18).
- 2. Invoice should include the following information:
  - > Unique invoice number
  - Date
  - Company's name and remittance address
  - > Bill to: University of New Mexico

Accounts Payable Dept.

MSC01 1250

Albuquerque, NM 87131

3. Once SGAO receives all of these items, paperwork will be submitted for payment. (If a purchase order must be created, this may take 2-3 weeks).

**Please Note:** UNM students may be contracted for services, e.g., DJ, musical performance, photography, etc., however, due to University policies, payment will be processed via scholarship, which may result in the payment being applied to the student's outstanding balance in the Bursar's Office. If no balance exists, a check / direct deposit will be processed.

**EXCEPTION:** Payment may be made directly to the student's business, if it is a registered business operating in NM with a separate tax ID.

STUDENT GOVERNMENT ACCOUNTING OFFICE (SGAO)
STUDENT UNION BUILDING 1018 • MSC 03 2210 • (505) 277-7888 • Fax: (505) 277-2987
Email: sgao@unm.edu • website www.unm.edu/~sgao

#### INTERNAL REQUISITION

| <b>ORGANIZATION:</b>                                                                                             | Seríous Busí                                                                                                                                      | ness Students of L                                                                                                                           | INM                                                                                         | D                                | ATE:12/01/16_                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------|
| ORG. CONTACT:                                                                                                    | Brandon Ramone                                                                                                                                    | PHONE:                                                                                                                                       | 555-5555                                                                                    | _ E-MAIL ADDRESS:                | _ramone@unm.edu                                                                                                |
|                                                                                                                  |                                                                                                                                                   |                                                                                                                                              |                                                                                             |                                  |                                                                                                                |
|                                                                                                                  | STUDENT OR EMPLOYEE<br><\$100 □CHECK                                                                                                              |                                                                                                                                              | ENDOR  MASTER                                                                               | 3. ⊠OFF-CAMPUS VENI<br>OR INDIV  |                                                                                                                |
| PAYEE INFORMATION                                                                                                | ON: (check all that app                                                                                                                           | oly)student                                                                                                                                  | FACULTY/                                                                                    | STAFF/ RA, GA, TA, PA            | FOREIGN NATIONAL                                                                                               |
| Payee Name:                                                                                                      | DJ Skrillex                                                                                                                                       |                                                                                                                                              |                                                                                             | Complete one ID # as             | s applicable to payee                                                                                          |
|                                                                                                                  | 1234 Alameda St NV                                                                                                                                |                                                                                                                                              | <del></del> ,                                                                               | UNM ID # (UNM S                  | —————<br>tudent /Employee)                                                                                     |
|                                                                                                                  | Albuquerque           City         State           555-0000         E-m                                                                           | Zip                                                                                                                                          | S                                                                                           | SSN # <u>1 2 3 ~ 4 5 ~ 6 7 6</u> | NON-UNM)                                                                                                       |
| 1 Holle                                                                                                          | <i>b</i> m                                                                                                                                        | anskimexegman                                                                                                                                | .com reder                                                                                  |                                  | ff-campus Vendor)                                                                                              |
| DESCRIPTION OF                                                                                                   | F ITEMS/RECEIPTS TO                                                                                                                               | D BE PURCHASED O                                                                                                                             | R REIMBURS                                                                                  | SED (Attach additional page      | es(s) if more space is needed)                                                                                 |
| 1) DJ service for (see attack                                                                                    | event-3 hrs                                                                                                                                       |                                                                                                                                              |                                                                                             |                                  |                                                                                                                |
| 3)                                                                                                               |                                                                                                                                                   | \$                                                                                                                                           |                                                                                             |                                  |                                                                                                                |
| 3) REQUIRED FOR EVE                                                                                              | NTS:<br>NAME OF EVENT: _                                                                                                                          |                                                                                                                                              | íon Dínner                                                                                  | DATE:                            |                                                                                                                |
| REQUIRED FOR EVE  START TIME: 7pm E  ACCOUNT NUMBERS  ACCOUNT: 670 o o  Inde                                     | NTS:  NAME OF EVENT:  CND TIME: 10pm LOCA  S TO CHARGE AND AMO  0 - SG \$  - \$  - *  - *  - *  - *  - *  - *  -                                  | 2016 Fall Graduat  TION: Hotel Andali  OUNTS (Fill-in all that ap                                                                            | ion Dinner_<br>uz_# of Attender<br>oply)                                                    | DATE:                            | $$$ \$ 12/16/16  CH LIST OF ATTENDEES) $\rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \$$ 150.00 |
| REQUIRED FOR EVE  START TIME: 7pm E  ACCOUNT NUMBERS  ACCOUNT: 670 0 0  Inde  EXPLANATION OF                     | NTS:  NAME OF EVENT:  END TIME: 10pm LOCA  STO CHARGE AND AMO  O - SG \$  _ \$                                                                    | 2016 Fall Graduat  TION: Hotel Andali  OUNTS (Fill-in all that ap                                                                            | ion Dinner_<br>uz_# of Attender<br>oply)                                                    | DATE:                            | $$$ \$ 12/16/16  CH LIST OF ATTENDEES) $\rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \$$ 150.00 |
| REQUIRED FOR EVE  START TIME: 7pm E  ACCOUNT NUMBERS  ACCOUNT: 670 o o  Inde                                     | NTS:  NAME OF EVENT:  END TIME: 10pm LOCA  STO CHARGE AND AMO  O - SG \$\$  EX# Account-code A  EVENT/PURCHASE:  LUTE                             | 2016 Fall Graduat  TION: Hotel Andala  OUNTS (Fill-in all that ap  150.00  mount  To provide entertain  12/12/16  Date  cannot authorize his | ion Dinner  IZ # of Attender  Inply)  TOTAL CHAP  Inment for the  Authorized  or her own re | DATE:                            | \$\$                                                                                                           |
| REQUIRED FOR EVE  START TIME: 7pm E  ACCOUNT NUMBERS  ACCOUNT: 670 0 0  ACCOUNT: 670 Inde  EXPLANATION OF event. | NTS:  NAME OF EVENT:  END TIME: 10pm LOCA  STO CHARGE AND AMO  STO CHARGE AND AMO  STO CHARGE AND AMO  ACCOUNT-CODE  EVENT/PURCHASE:  Note: Payee | 2016 Fall Graduat TION: Hotel Andalu OUNTS (Fill-in all that ap 150.00  mount To provide entertai                                            | ion Dinner  IZ # of Attender  Inply)  TOTAL CHAP  Inment for the  Authorized  or her own re | DATE:                            | \$                                                                                                             |

#### **Professional Services Checklist**

For services such as: photography, entertainment, coaching, etc.

| Service Provider Name:  Business Name (if different):  MANDATORY: Attach completed W-9 form  Business Purpose / Name of Event: |  |
|--------------------------------------------------------------------------------------------------------------------------------|--|
| MANDATORY: Attach completed W-9 form                                                                                           |  |
|                                                                                                                                |  |
| Business Purpose / Name of Event:                                                                                              |  |
|                                                                                                                                |  |
|                                                                                                                                |  |
|                                                                                                                                |  |
| Date of Event / Service:                                                                                                       |  |
| Amount of Payment:                                                                                                             |  |
| Payment Method:                                                                                                                |  |
| Present check day of event                                                                                                     |  |
| Mail check                                                                                                                     |  |
| P-Card<br>Other                                                                                                                |  |

#### **Important:**

- Students SHOULD NOT pay for services with personal funds.
- All services MUST be pre-approved by UNM prior to payment.
- Contracts or agreements SHOULD NOT be signed by student group!

# Self - Generated Funds

Any funds that are deposited into your UNM account become subject to all UNM policies. Regarding deposits, organizations need to carefully consider what the potential uses of self-generated funds might be.

Funds transferred from an UNM Department into your account is NOT considered to be self-generated funds.

#### Regular Deposits

SGAO accepts cash and checks made payable to your organization for things such as:

Membership dues Bake sales Apparel sales Raffles

Important: Any monies received by your organization should be deposited with SGAO by the next working day. It is the responsibility of the students collecting monies to ensure the funds are kept in a secure location until a deposit can be made.

#### **Donations**

We <u>do not</u> accept Donations or Sponsorships for your group. These types of deposits should be made using your SGAO account number at the:

UNM Foundation 700 Lomas NE, Suite 108 505-316-7600

To access funds for spending, bring a copy of your deposit receipt to the SGAO.

#### Per UNM policy 1040 sec. 8.2:

CSOs may use their self-generated fundraising proceeds to hold fundraisers for domestic 501(c)3 nonprofit organizations in order to:

- support the CSOs' missions;
- provide support to their parent organizations or local chapters; or
- assist the sick or indigent.

All costs related to the use of University resources (such as costs associated with renting space for the event and personnel who set up the event) must be deducted from the gross proceeds, so that there is no donation of University resources. Once the costs related to the use of University resources are deducted from the gross proceeds, the net proceeds of these fundraisers may be donated to the domestic external nonprofits. In order to document the contribution, CSOs should submit to the Student Government Accounting Office a letter or email from the nonprofit organization acknowledging the contribution.

#### Student Government Accounting Office (SGAO)

## **BUDGET REVISION**

Instructions: Complete, sign, and return this form to SGAO (SUB 1018).

All requested changes must be approved by ASUNM and/or GPSA <u>prior</u> to incurring any expense.

Any expenses incurred that do not correspond to the details of your pre-approved budget/appropriation will be the sole responsibility of your organization.

| Date:                                                                                                                                                                    | 9/15/2020                                    |                                 |                  |                                       | SGAO Use Only<br>#                |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------|------------------|---------------------------------------|-----------------------------------|--|--|
| Account Name: The Billy Club                                                                                                                                             |                                              |                                 | Index #:         | 67                                    | 70001                             |  |  |
| Contact Person: Billy Crystal Phone:                                                                                                                                     |                                              | 123-4567                        | Email:           | billyc@unm∙edu                        |                                   |  |  |
| Source of Funding (check one): ASUNM GPSA Purpose (check one): Redefine Reallocate                                                                                       |                                              |                                 |                  |                                       |                                   |  |  |
| ACCOUNT<br>CODE                                                                                                                                                          | DESCRIPTION                                  | CURRENT<br>BALANCE<br>(Round do | INCREASE         | DECREASE                              | NEW<br>BALANCE<br>dearest dollar) |  |  |
| 3100                                                                                                                                                                     | Office Supplies                              | \$ 75.00                        | \$ 100.00        |                                       | \$ 175.00                         |  |  |
| 3110                                                                                                                                                                     | Subscriptions / Educational Materials        | \$ 80·36                        | <i>\$ 100.00</i> |                                       | \$ 180·36                         |  |  |
| 3140/50                                                                                                                                                                  | Computer Supplies                            |                                 |                  |                                       |                                   |  |  |
| 3180/89                                                                                                                                                                  | Non-Capital Equipment or Computer            |                                 |                  |                                       |                                   |  |  |
| 31B0                                                                                                                                                                     | Food / Refreshments                          | \$ 77.17                        | \$ 250.00        |                                       | \$ 327·17                         |  |  |
| 31C0                                                                                                                                                                     | Dues and Fees                                | <u></u>                         | <u> </u>         | <u> </u>                              |                                   |  |  |
| 31K0                                                                                                                                                                     | Postage                                      |                                 |                  |                                       | <u> </u>                          |  |  |
| 37Y0                                                                                                                                                                     | Other Supply Costs                           |                                 |                  |                                       |                                   |  |  |
| 4080                                                                                                                                                                     | Travel                                       |                                 |                  | <u> </u>                              |                                   |  |  |
| 63B0                                                                                                                                                                     | Rentals                                      |                                 |                  |                                       |                                   |  |  |
| 63C0                                                                                                                                                                     | Copying Services                             |                                 |                  |                                       |                                   |  |  |
| 63E0                                                                                                                                                                     | Honorarium                                   |                                 |                  |                                       |                                   |  |  |
| 69Y0                                                                                                                                                                     | Advertising                                  | <u> </u>                        | <u>I</u>         |                                       |                                   |  |  |
| 69Z0                                                                                                                                                                     | Professional Services                        |                                 |                  |                                       |                                   |  |  |
| 7060                                                                                                                                                                     | Facility / Space Rentals                     | \$ 450.00                       | <u> </u>         | \$ 450.00                             | \$ -                              |  |  |
| 70D0                                                                                                                                                                     | Equipment Repair / Maintenance               | <u> </u>                        | <u> </u>         |                                       |                                   |  |  |
|                                                                                                                                                                          |                                              | <u></u>                         | <u> </u>         | <u>[</u>                              |                                   |  |  |
|                                                                                                                                                                          |                                              |                                 |                  | <u> </u>                              |                                   |  |  |
|                                                                                                                                                                          | TOTAL REVISION                               | \$ 682.53                       | \$ 450.00        | \$ 450.00                             | \$ 682.53                         |  |  |
| Detailed Purpose for Change: (Attach additional sheets, if necessary)  Our organization no longer needs to utilize our budget for facility rentals due to changes in our |                                              |                                 |                  |                                       |                                   |  |  |
| recruitment efforts. We would like to reallocate our budget so we may purchase supplies for our                                                                          |                                              |                                 |                  |                                       |                                   |  |  |
|                                                                                                                                                                          | increase our food budgets due to an increase |                                 |                  | · · · · · · · · · · · · · · · · · · · |                                   |  |  |
| our educational budget to purchase reference books for our club·                                                                                                         |                                              |                                 |                  |                                       |                                   |  |  |
| our endurional budget to parenase reference seems to. Can said                                                                                                           |                                              |                                 |                  |                                       |                                   |  |  |
| Billy the Kid Billy Joel                                                                                                                                                 |                                              |                                 |                  |                                       |                                   |  |  |
|                                                                                                                                                                          | Authorized Signer                            |                                 | Authorized Sig   |                                       | •                                 |  |  |
|                                                                                                                                                                          |                                              |                                 |                  |                                       |                                   |  |  |
| Office Use Only  APPROVED DENIED  Student Government Representative Date                                                                                                 |                                              |                                 |                  |                                       |                                   |  |  |



MSC01 1240 1 University of New Mexico Albuquerque, NM 87131-0001 Telephone (505) 277-2036 FAX (505) 277-7774

#### TAX EXEMPTION NOTICE

New Mexico Identification Number (CRS): 01-504447-00 5

Federal Tax Identification Number: 85-6000642

#### **Gross Receipts Tax Exemption**

The University of New Mexico (UNM), is an agency of the state of New Mexico. In accordance with state Statutes, section 7-9-54, sales of Tangible Personal Property to the University of New Mexico are specifically exempted from the Gross Receipts Tax.

This certification is consistent with the state Statutes 7-9-5 and 7-9-43(8) and issued in place of a 'Nontaxable Transaction Certificate.' This letter may be retained by the seller as evidence that sales of tangible personal property to the University are deductible from the seller's gross receipts. A seller may also document a deductible sale to a government agency through the retention of a purchase order, a copy of the payment check or other documentation that supports the sale.

This exemption does not apply to the purchase of services, lease of property or items purchased for a construction project for which a gross receipts tax amount is identified on the University's purchase order.

PAYMENT OF INVOICES, which includes a Gross Receipts Tax charge contrary to 7-9-54(A), will be paid after deduction of any Gross Receipts Tax amount charged.

#### Form W-9 Certification of Exemption

Taxpayer Identification Number - 85-6000642

**Certification** - Under penalties of perjury, I certify that the number shown on this form is the correct taxpayer identification number of the University of New Mexico (UNM).

**Exempt Status** - I also certify under penalties of perjury that the University of New Mexico (UNM) is an agency of the State of New Mexico, and is exempt from backup withholding.

Bruce Cherrin

Chief Procurement Officer