

## ADMINISTRATION AND FINANCE

### **Administrative Services**

**Martin Hall, Room 178, Phone: 482-6236**

The Office of Administrative Services oversees personnel, and payroll matters.

### **Bank of America VISA Travel Card**

Purchase of contract airfare requires the use of an individual Bank of America VISA Travel Card. Applications are available in Martin Hall, Room 178.

### **La Carte Purchasing Card**

**Martin Hall, Room 123, Phone: 482-6239**

UL Lafayette has entered into an agreement with the State of Louisiana and the Bank of America to participate in a purchasing card program called the La Carte Purchasing Card. The card is used to manage purchasing and accounting by enabling employees to purchase items with the convenience of a credit card while maintaining control over purchases.

The card enables cardholders to purchase non-restricted items directly from vendors without requisition, letter of authorization, or purchase order. Contact Purchasing, 482-6243, for information on procedures and applications.

### **State of Louisiana Travel Rules and Regulations**

**Martin Hall, Room 184, Phone 482-6236**

[www.state.la.us/osp/travel/traveloffice.htm](http://www.state.la.us/osp/travel/traveloffice.htm)

See website for current travel rules and regulations.

### **State Travel Office/Louisiana Travel Guide**

[www.doa.louisiana.gov/osp/travel](http://www.doa.louisiana.gov/osp/travel)

See website for detailed or specific travel regulations.

### **Request for Official Travel and Travel Expense Reimbursement Form**

**Travel Clerk, Martin Hall, Room 184, Phone: 482-6236**

Any University employee who will travel on University business must submit a Request for Official Travel Form at least two weeks prior to departure. Individuals without an approved Request for Official Travel will be personally responsible for all expenses incurred. After completion of travel the employee should fill out a Travel Expense Reimbursement Form. Copies of both follow.

Request for international travel (any travel outside contiguous 48 states) requires approval through the President and Board of Supervisors and must be submitted at least a month in advance.

**Request for Official Travel**

University of Louisiana at Lafayette

**Request for Official Travel**

TA 100933

SUBMIT IN QUADRUPLET

If University support is not requested, complete Sections I and III only. DATE SUBMITTED \_\_\_\_\_

**I. REQUEST FOR TRAVEL**

Travel is requested from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
TIME DATE TIME DATE

Destination \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

**II. REQUEST FOR FUNDING**

ESTIMATED MAXIMUM EXPENSES

Plane (Utilization of state contracted agency required)

Transportation \$ \_\_\_\_\_

Personal car (28¢ per mile x \_\_\_\_\_ miles)  
 I hereby certify that I have and will maintain at least the state of LA required minimum liability coverage of 10/20/10 with

Lodging \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

COMPANY \_\_\_\_\_ POLICY NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_

Registration \$ \_\_\_\_\_

State Vehicle (12¢ per mile x \_\_\_\_\_ miles)  
 Attach justification if trip is more than 250 miles one way.

Other \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Rental Vehicle  
 Justification must be attached.

Funding Requested \$ \_\_\_\_\_

Advance Requested\* \$ \_\_\_\_\_

\*As allowed by State Travel Regulations

**III. REQUIRED SIGNATURES FOR APPROVAL**

I certify that the above travel will be on official business of the University of Southwestern Louisiana, unless otherwise indicated in Section I, and will conform with existing State Travel Regulations.

Signature of Traveler \_\_\_\_\_ Department \_\_\_\_\_

Typed/Printed Name of Traveler \_\_\_\_\_ Phone Extension \_\_\_\_\_

Driver's License No. \_\_\_\_\_ S. S. # \_\_\_\_\_ Title \_\_\_\_\_

**IMPORTANT: Travel expense account must be submitted no later than the 15th of the month following completion of travel.**

**APPROVAL**

**PHONE EXTENSION DEPARTMENT CHARGED FUNDS LIMITED TO:**

Department Chairperson \_\_\_\_\_ \$ \_\_\_\_\_  
 Project Director \_\_\_\_\_ \$ \_\_\_\_\_  
 Dean of College \_\_\_\_\_ \$ \_\_\_\_\_  
 Administrative Head \_\_\_\_\_ \$ \_\_\_\_\_  
 Vice President (if required) \_\_\_\_\_ \$ \_\_\_\_\_  
 Comptroller \_\_\_\_\_ \$ \_\_\_\_\_  
 Vice President for Business and Finance \_\_\_\_\_ \$ \_\_\_\_\_

**FOR BUSINESS AFFAIRS USE ONLY**

Travel Advance Voucher Number \_\_\_\_\_

Date Travel Advance Received \_\_\_\_\_

Amount Received \_\_\_\_\_

ACCOUNT	C & O	AMOUNT

BUSINESS AFFAIRS

11/99









**Petty Cash Voucher Forms**

**Martin Hall, Room 120, Phone: 482-6252**

**Petty Cash Voucher Forms Completed**

**Martin Hall, Room 184, Phone: 482-6236**

This method of obtaining goods and services should be used only when it is impossible to follow the normal purchasing procedures and when an extreme emergency exists.

The total amount of goods or services shall not exceed \$25.00 without prior approval from the Comptroller's office.

Reimbursement will not be made if department budget is expended.

Whenever items are being purchased, a receipt marked paid from the vendor must be attached to this voucher.

Petty cash reimbursement will only be given to the individual requesting reimbursement unless written approval has been obtained from Office of Administrative Services.

**Petty Cash Voucher**

PETTY CASH VOUCHER														
Reimbursed Amount Not to Exceed \$25.00														
<i>(See Petty Cash Reimbursement Policy on back side of this form)</i>														
Reimbursement request for: _____			Date _____	19 ____										
Reimbursement requested by:			Approved:											
Name _____			_____											
Department _____			HEAD OF DEPARTMENT BEING CHARGED											
<small>(OR ACCOUNT TO BE CHARGED)</small>			COMPTROLLER'S OFFICE											
Payment received by:			_____											
Name _____			_____											
<table border="1"><thead><tr><th>FUND</th><th>SEC.</th><th>ACT.</th><th>C&amp;O</th><th>AMOUNT</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>					FUND	SEC.	ACT.	C&O	AMOUNT					
FUND	SEC.	ACT.	C&O	AMOUNT										
9/92 <span style="float: right;">NOT TO EXCEED \$25.00</span>														

**Purchase Requisition Form and Instructions**

**Martin Hall, Room 123, Phone: 482-6243**

Under \$1,000, fill out Purchase Requisition and the Purchasing Office issues a Letter of Authorization. Over \$1,000, get three bids, attach the Purchase Requisition, or the Purchasing Office can get the bids for you. Over \$5,000 the Purchasing Office must get bids.

**Purchase Requisition Form**

THE UNIVERSITY OF LOUISIANA AT LAFAYETTE										P. U. No.
PURCHASE REQUISITION										
DEPARTMENT <b>A</b>				Contact Person <b>B</b>	Telephone Extension <b>C</b>		Date <b>D</b>			
ITEM NO.	QUANTITY & UNIT	DESCRIPTION AND COMPLETE SPECIFICATIONS					UNIT PRICE	AMOUNT		
E	F	G					H	I		
PURPOSE: <b>J</b>							TOTAL <b>K</b>			
NAMES AND ADDRESSES OF VENDORS INCLUDING ZIP CODES										
1. <b>L</b>			2.			3.				
4.			5.			6.				
UNIVERSITY POLICY: The appropriate Business Affairs official is vested with the sole authority to order materials and contract for services. The University will assume no obligation except on a duly authorized Purchase Order or Letter Authorization.										
FUND	APP'N.	AGENCY CODE	SEC.	ACT	EXP. CODE	TOTAL	FUND APPROVAL:			
<b>M</b>	<b>M</b>	19 40	<b>M</b>	<b>M</b>	<b>M</b>	<b>K</b>	<b>O</b>			
REQUESTED BY _____ <b>N</b>							FISCAL OFFICER			
HEAD OF DEPARTMENT										
APPROVED BY _____ <b>N</b>							APPROVED BY PURCHASING OFFICER			
DEAN OR ADMINISTRATIVE HEAD										
UNIVERSITY BUSINESS AFFAIRS      VENDOR BUSINESS AFFAIRS      BULK DEPARTMENT										

## **INSTRUCTIONS - HOW TO COMPLETE THE REQUISITION FORM**

A standard University Purchasing Requisition form (copy attached) is used to request the Purchasing Department to order materials and contract for services. The University will assume no obligation except on a duly authorized Purchase Order or Letter Authorization. The following will facilitate the processing of requisitions for your department and will enable the Purchasing Department to expedite your request. **REQUISITIONS NOT COMPLETED PROPERLY WILL BE RETURNED TO THE ORIGINATING DEPARTMENT WITHOUT FURTHER PROCESSING...**

- A. DEPARTMENT:**  
Enter originating department.
- B. CONTACT PERSON:**  
Enter individual's name within your department who can be contacted to answer pertinent questions about product(s) or service(s) being requested.
- C. TELEPHONE EXTENSION:**  
Enter telephone number of contact person.
- D. DATE:**  
Enter date requisition is typed.
- E. ITEM NO:**  
Number each item in sequence beginning with number "1", double spacing between each item. If more space is needed, **attach another sheet (s) marked "REQUISITION NO. CONTINUED" (NOT ANOTHER REQUISITION)**. Don't forget you will need an original and two (2) copies.
- F. QUANTITY AND UNIT:**  
Show how many of each item is requested. The quantity unit of an item must also be supplied such as 1 only, 1 pkg, 1 bu, 1 crtn, 1 case, 1 lb, 1 doz, 1 ft, 1 yd, 1 copy, etc.
- G. DESCRIPTION AND COMPLETE SPECIFICATIONS:**  
Name and describe each item in detail. Name the item **FIRST**, then give a detailed specification. Enter catalog number and trade name, if known, at the end of the description. Detailed specifications will effect better competitive bids and insure the purchase of the quality, merchandise desired and/or will serve as a basis for rejecting merchandise delivered not meeting the specifications. **In special cases when a substitute is not acceptable, a statement giving the reasons for this request MUST BE SHOWN in this section stating unique features and why they are needed and why competing products will not be satisfactory.**

- H. UNIT PRICE:**  
Enter the probable unit price. If written quotations were obtained, attach to white copy of requisition.
- I. AMOUNT:**  
Extend the quantity times the unit price and enter the product in this column.
- J. PURPOSE:**  
Enter the general purpose of the item(s) if this is not evident from the description. Specific projects should be identified.
- K. TOTAL:**  
Enter estimate of total expenditure for this requisition. It is very important that an estimate of total costs be given so that Administrative Services knows upper limits of this expenditure.
- L. NAMES AND ADDRESSES OF VENDORS:**  
List as many sources for item requested as possible. List complete names and address including zip codes.
- M. 'FUND' 'APP'N' 'SEC' 'ACT' 'EXP CODE':**  
Enter complete appropriate account number, including the prefix number or letter and the object classification. All items of same category should be submitted on one requisition. Items of different categories are not to be submitted on the same requisition.
- N. REQUESTED BY-APPROVED BY:**  
Authorized person must sign in order to validate the requisition. Stamped signature **not desirable** but if used should be **countersigned, not initialed** by authorized person.
- O. FUNDS AVAILABLE:**  
Completed requisition forms, yellow and white copies, are to be forwarded to Administrative Services for approval of funds, then forwarded to the Purchasing Department for processing. **The pink copy is retained by the originating department, except for Bookstore purchases....**

**FOR ADDITIONAL INFORMATION:**

*The Purchasing Department personnel will assist with any additional information needed to locate sources of supply, furnish cost estimates, specifications, etc.*

*Also, if information is desired concerning a system of filing requisitions and orders, the personnel of the Purchasing Department will be glad to assist you.*

**Restricted-Account Graduate Assistants**

**Administrative Services-Human Resources, Martin Hall 175, Phone: 482-6242**

Indicate the time period to be worked by the graduate assistant. Instructions are listed at the top of the form, and additional assistance is available in Administrative Services.

**Restricted Account Graduate Assistants**

Indicate time period to be worked below. A semester pay period begins with the first day of the semester and ends with commencement (not the first and last day of classes). If employment begins after the start of a semester, please use the "Other" category. The work period(s) for the semester breaks begin the day after commencement to and including the day before the official start of the next semester. (Official dates are printed in the Schedule of Classes.) (See reverse side for definitions.)

- Fall Semester       Spring Semester       Summer Session       Other \_\_\_\_\_  
 Fall Break           Spring Break           Summer Break          (please specify beginning and ending dates)

Name SS#	Monthly Stipend*	Account Number	Tuition Paid By*	Dept. Assigned	Duties
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\*Justification is required if: 1) dates of appointment do not coincide with the semester calendar, 2) the minimum monthly stipend is less than \$550 (master's) or \$1000 (doctoral), and/or 3) the grant does not pay the tuition.

Submitted:

\_\_\_\_\_  
Principal Investigator (1)

Approved:

\_\_\_\_\_  
Department Head (2)

\_\_\_\_\_  
Business Office (4)

\_\_\_\_\_  
Dean of College (3)

\_\_\_\_\_  
Dean of the Graduate School (5)

All NEW graduate assistants must complete a personnel packet with the Personnel Department in Martin Hall, Room 175. In the fall, such students will complete this packet during Graduate School Orientation. In the spring and summer, they will report to Personnel.

If your grant is paying the tuition, the graduate assistant must report to Mr. Gerald LeBlanc in Martin Hall, Room 161 after registering for classes.

SEE BACK OF FORM FOR ADDITIONAL INFORMATION ON UNIVERSITY POLICIES AND IMMIGRATION AND NATURALIZATION RULES.

June 24, 2003