

INDIVIDUAL REIMBURSED TIME REQUEST INSTRUCTIONS

University Hall 360
Phone: (818) 677-3474
Mail Code: 8334
Email: makenna.hyland@csun.edu

Purpose: Form is used to request invoices from Accounts Receivable to reimburse state side salary and benefit expenses through research related grants held at The University Corporation.

Departments Involved: University Accounts Receivable and TUC Sponsored Programs Office.

Work Flow: Department requesting reimbursement will complete all fields and forward the fully completed signed original to Accounts Receivable.

Step 1: General Information

1. Faculty Name: faculty member that is receiving the reimbursed time.
2. Full Time/ Part Time: must indicate how many total units the faculty member teaches.
3. Department & College: Indicate the area receiving reimbursement.
4. Current Rank of the faculty member.
5. Grant Information:
 - a. Granting Agency
 - b. Title of Grant
 - c. Project ID#
 - d. Description of Activities
6. Fiscal Year: indicates year that reimbursed time is received.
7. Semester: Must select either Spring OR Fall. Form is used for one semester only.

Step 2: Salary Information

1. Benefit %: Indicate the actual benefit rate for the faculty member.
2. Actual Base Salary and Benefits: Only use semester totals, must be actuals.
3. Reimbursed: Input the reimbursed salary and benefit amount. These are amounts used for invoicing.
4. Total Lines: Will calculate automatically.

Step 3: State Chartfields to Credit

1. Salary: Account code used is always 580820. Class code required based on new cost recovery allocation process.
2. Benefits: Account code used is always 580821. Class code not required.

Step 4: Approvals

1. Must obtain all 3 original signatures unless the P.I. and Faculty Member are the same. Financial Manager can be the Dean, MAR or anyone listed as an authorized signature on the trust application for the fund and department combination used on the credit transactions listed above.



INDIVIDUAL REIMBURSED TIME REQUEST

ONE FORM PER ASSIGNMENT, PER SEMESTER

University Hall 360
Phone: (818) 677-3474
Mail Code: 8334
Email: makenna.hyland@csun.edu

Faculty Name: Last, First, MI Full Time: Units 15 12 Part Time: Units 9 6

Department: College:

Current Rank: Granting Agency:

Title of Grant: Project ID#:

Description of Activities:

Fiscal Year: Semester: Spring Fall

SALARY INFORMATION - ALL FIELDS REQUIRED

Reimbursed benefits to be calculated at either the rate established in the grant, the reimbursement rate established by the University or actuals, unless the program is exempt from benefits. PEAS report is required for all requests.

Benefits: % Actual Base Salary (Semester):\$ Reimbursed:\$
Units Released: Actual Benefits (Semester): \$ Reimbursed:\$
Total: \$ Total: \$

STATE CHARTFIELDS TO CREDIT:

Salary: ACCOUNT: FUND: DEPT ID: PROGRAM: CLASS: PROJECT

Benefits: ACCOUNT: FUND: DEPT ID: PROGRAM: CLASS: PROJECT:

Prepared By: Email: Ext. Date:

APPROVALS:

Faculty Member: Signature: Ext. Date:

P.I. Name: Signature: Ext. Date:
* If different than Faculty Member

Financial Manager: Signature: Ext. Date:

FOR AUXILIARY USE ONLY: TUC FDN OTHER AGENCY:
ACCOUNT: FUND: DEPT ID: PROGRAM: CLASS: PROJECT:
Approver: Signature: Ext. Date:

FOR ACCOUNTS RECEIVABLE USE ONLY: Invoice #: Date:
1st Date Received: By: 2nd AUX Approval Received: By: