Welcome
Agenda

9:00 - Session I – Foundation 101

10:00 – Break

10:15 Session II – Special Topics
FAU Foundation’s Mission Statement:

Enhance the academic vision and priorities of Florida Atlantic University through its organized fundraising activities and fund management.
FAU Foundation’s History:

Incorporated on December 30, 1960 as the University at Boca Raton Endowment Corporation, Inc.

Name was changed to the Florida Atlantic University Foundation, Inc. on January 23, 1963.

Raised nearly $300,000 ($2.3M today’s dollars) in start-up funding for the university.

Our Endowment as of June 30, 2014 was $208.5 M, 4th largest of the 12 public Florida Universities.
Foundation Questions

1.) Foreign activities – travel overseas, transfers in and out

2.) Any meals or entertainment to public officials?

3.) Report all fundraising events - revenues and expenses

4.) Excess benefits

5.) Report on State Matched Endowments

6.) Report advertising and rental income for possible UBI

7.) Endowment Reports to Donors
Establishing a Project (fund)

$5,000 – expendable

$25,000 - endowed
Signature Authority

Recommend: at least two directors and two approvers; three signers are even better.
Reports

Sent around the 10th of the month.

E-mailed to the business manager or other fiscal person.

Can be PDF or Excel format.

Contact Alauth@fau.edu with report questions or requests.
WebFE

Allows access to daily transactions and balance information on your funds. Includes signers on the fund. Contact hillg@fau.edu for access.

This program works optimally with the Mozilla Firefox Web Browser. https://fauf.fau.edu/webfe
FAU Foundation Fund Reports

FILTER DATA BY:
- Project Id
- Post Date
- Project Id and Post Date

Project Id:  Post Date:  To:  submit

EXPORT TO
PRINT

Login

Username:  
Password:  
Log In

If you are having problems logging in, email faufoundation@fau.edu.
## FAU Foundation Fund Reports

**FISCAL YEAR:** (FILTER FOR PROJECT ID ONLY)
- Current
- Previous

**FILTER DATA BY:**
- Project Id
- Post Date
- Project Id and Post Date
- Quick Summary:
  - Current Fiscal Year

**Project Id:** PRG372

### Project ID
<table>
<thead>
<tr>
<th>Project ID</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFA880</td>
<td>Nathan &amp; Laura Neuer Scholarship Project</td>
<td>$0.00</td>
</tr>
<tr>
<td>SFA890</td>
<td>Harriet C. Boettcher United States Military Endowed Scholars</td>
<td>$300.00</td>
</tr>
<tr>
<td>SFA900</td>
<td>Ernest and Thea Kohn Endowed Scholarship Fund</td>
<td>$1,300.00</td>
</tr>
<tr>
<td>SFA905</td>
<td>Emanuel Newsome Scholarship Fund</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>SFA910</td>
<td>Helen O'Leary Scholarship Endowed</td>
<td>$2,900.00</td>
</tr>
<tr>
<td>SFA920</td>
<td>Robert L. Schattner Endowed Scholarship Fund</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>SFA930</td>
<td>The McGee Family Scholarship Endowment</td>
<td>$1,700.00</td>
</tr>
<tr>
<td>SFA940</td>
<td>Konbit Kreyol Lambert &amp; Romain Haitian Service Schiph Endowed</td>
<td>$400.00</td>
</tr>
<tr>
<td>SFA950</td>
<td>Grace Falt Asian Women Education Assistance Endowment</td>
<td>$4,550.00</td>
</tr>
<tr>
<td>SFA999</td>
<td>Adam Jay Harris Endowed Memorial Scholarship</td>
<td>$200.00</td>
</tr>
<tr>
<td>TCC300</td>
<td>Treasure Coast Campus Support Fund</td>
<td>$17,467.98</td>
</tr>
<tr>
<td>TCC310</td>
<td>Corporate Partners Treasure Coast Campus</td>
<td>$0.00</td>
</tr>
<tr>
<td>TCC320</td>
<td>Camp Owls</td>
<td>$10,385.33</td>
</tr>
<tr>
<td>TCC340</td>
<td>Treasure Coast Campus Scholarships</td>
<td>$7,840.02</td>
</tr>
</tbody>
</table>

**Note:** The transactions listed are for a limited period and are expected to be the total of the ending cash balance.
### FAU Foundation Fund Reports

**FISCAL YEAR:** (FILTER FOR PROJECT ID ONLY)
- Current
- Previous

**FILTER DATA BY:**
- Project Id
- Post Date
- Project Id and Post Date
- Quick Summary:
  - Current Fiscal Year

**PROJECT ID:** BDC100

<table>
<thead>
<tr>
<th>Project Id</th>
<th>Description</th>
<th>Date</th>
<th>Details</th>
<th>Accounts</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>BDC100</td>
<td>Foundation Operations</td>
<td>10/24/2014</td>
<td>State of Utah-Computer Check-72290</td>
<td>Accounts Payable</td>
<td>($100.00)</td>
</tr>
<tr>
<td>BDC100</td>
<td>Foundation Operations</td>
<td>10/24/2014</td>
<td>Maine State Treasure-Computer Check-72285</td>
<td>Accounts Payable</td>
<td>($25.00)</td>
</tr>
<tr>
<td>BDC100</td>
<td>Foundation Operations</td>
<td>10/28/2014</td>
<td>Staples Advantage-Computer Check-72333</td>
<td>Accounts Payable</td>
<td>($22.14)</td>
</tr>
<tr>
<td>BDC100</td>
<td>Foundation Operations</td>
<td>10/28/2014</td>
<td>Docuvision Inc.-Computer Check-72302</td>
<td>Accounts Payable</td>
<td>($459.04)</td>
</tr>
</tbody>
</table>

**Total Postings:** 49
**Total Transactions:** $577,848.48
**Project ID:** BDC100
**Ending Cash Balance:** $577,848.48

**Approvers:**
- Joanne Davis
- David Rutherford
  7-2119 druthe7@fau.edu

**Directors:**
- Sharon Brown, ADM 295, 7-2892, sdbrown
- Keith Fries ADM 380 7x3012
- David Rutherford 7-2119 druthe7@fau.edu
Gifts and Deposits:
**Deposits:**

Payable to FAU Foundation

Please Separately deposit:

- Cash
- Checks
- Credit Cards
- Gift in Kind
### DEPOSIT FORM

**Date:** 

**Project Number:** 

**Project Name:** 

**Total Deposit:** $ 

**Receipt Amount (Gift Portion) if any:** $ 

**Expansible Portion, if any, for Deposits to Endowed Funds:** 

---

**Form Prepared by:** 

**Phone:** 

**Email address:** 

**Campus Address:** 

**Delivered by:** 

**Date:** 

**Received by Foundation:** 

**Date:** 

---

**CONSTITUENT INFORMATION:**  

- **ID#** if known: __________________  
- **email address:** __________________ 
- **Individual:** __________________ 
- **Organization:** __________________ 
- **Name and Title of Organization Contact:** __________________ 
- **Address:** __________________  
- **City:** __________________  
- **State/Province:** __________________  
- **Zip Code:** __________________  
- **Phone:** __________________  

---

**THIS DEPOSIT IS:** 

- **Gift** 
- **Pledge** 
- **Pledge Payment** 
- **Matching Gift Payment** 
- **Bequest** 
- **Grant Payment** 

- **Event Participation - Title:** __________________  
- **Date(s) of event:** __________________ 

- **Service/Workshop/Program Participation - Title:** __________________  
- **Date(s) of event:** __________________ 

- **Sponsorship - Level:** __________________  
- **Event/Program:** __________________ 

- **Membership - Type:** __________________ 

- **Auction Purchase - Item:** __________________ 

- **Proceeds from merchandise sold (T-shirts, books, etc.):** __________________  
  Note: for every $1.05 token, $.60 FL sales tax is added 

- **Cost of goods sold:** $ __________________ 

- **Reimbursement for FAUF expense, describe:** __________________ 

- **Other:** __________________ 

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*Please note: Administrative fees: 6% charge to all non gifts or 2.5% charge to all gifts*

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**DEPOSIT INCLUDES A GIFT:** 

- **Soft credit for gift to be applied to another constituent? If yes, to whom?** __________________ 

- **Gift will be matched by donor’s company – Attach organization’s paperwork for Foundation to submit:** 

- **Gift is in memory or honor of:** __________________ 

- **Send Tribute Card to:** __________________  

- **Address:** __________________ 

---

**Additional Comments for Acknowledgment:** __________________ 

---

**ASSET INFORMATION:** 

- **Cash Receipt** 
- **Check payable to FAU Foundation, Inc.** 
- **Stocks/Bonds** 

- **Visa** 
- **MasterCard** 
- **AmericanExpress** 
- **Discover** 

- **Name as it appears on the credit card:** __________________ 

- **Exp Date:** __________________ 

---
Gayle Lavalee - Gift Processor
Cash Deposit Form

Deliver all cash deposits to the University Cashier, located on the first floor of the Student Services Building.

Form Prepared by: ____________________________
Phone: ______________________________________
Department: __________________________________
Campus Address: ______________________________

Please deposit currency totaling $____________________ into the following:

FAU Foundation Fund #________________
Banner Index Code: A90361
Account Code: 33120
Deposit #: _____________________________
BAG#_________________________________

***** Cashier’s Office Instructions: (to deposit cash)

- Fill Out the Bank Cash Bag, FAUF Green Deposit Form, FAUF Gold Cash Deposit Form and Bank Deposit Ticket (Obtain in Foundation Office Bldg.10, Rm#295)
- Make a copy of the Gold Cash Deposit form and White Deposit Ticket.
- Put Cash in Cash Bag along with completed Bank Deposit Slip (both White and Yellow carbon copy) and seal.
- Paper Clip the Yellow Cash Deposit Form to the Outside of the Cash Bag
- Please leave the completed Green Deposit Form, along with the copy of the completed Bank Deposit Slip and Gold Cash Deposit Form at the Foundation Office, Bldg. 10, Room #295.
- Drop off the Cash Bag at Cashiers Office in the Student Union Building 1st Floor in the Drop Box

If you have any questions, please ask before making your cash deposit.
# Gift-in-Kind Transmittal Form

<table>
<thead>
<tr>
<th>Project number:</th>
<th>Project name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Prepared by:**

**Department:**

**Received by Foundation:**

**Phone:**

**Campus Address:**

**Date:**

**Foundation Use Only:**

**Capitalize:**

**Transfer to FAU**

### Donor Information:

- **Title:**
- **Name:**

If organization, name of contact person

- **Organization:**
- **Federal ID#:**

**Address:**

**State/Province:**

**Postal Code:**

**Telephone:**

**Fax#:**

### Additional comments for acknowledgement:

### Gift Information – all information in this block must be completed:

- **Value of gift-in-kind:** $__________

  Please attach copies of appraisal and/or documentation provided by donor.

  **“Gifts in kind with a value of $500 or less do not need to be submitted through the Foundation”**

  **“The College or department may send the donor a thank you letter”**

- **Date Gift was physically received:**

  (please do not submit gift documentation until gift has physically been received).

- **Description of gift-in-kind:**

  Attach pictures (required if $500+)

### Attach copies of any related transfer documentation (e.g., deed of gift, title, correspondence).

**Purpose of gift:** Describe how the item(s) will be utilized by FAU:

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- Gift-In-Kind Forms must be received within 5 days of receipt of Gift.
- If the gift is to become FAU property and the value is greater than $5,000, an authorized FAU Purchase Requisition referencing a university account number must accompany this form for university inventory purposes.
- If the gift is a collection or art, attach FAU Property Form (FAUF – PRO0701) ([https://fauf.fau.edu/NetCommunity/SSLPage.aspx?pid=1053](https://fauf.fau.edu/NetCommunity/SSLPage.aspx?pid=1053)).
- Vehicles, Boats, and Equipment
  - Vehicles require a Mechanic’s Opinion and Vehicle Form (FAUF – VEH0501)
  - Boats require a Certificate of Seaworthiness and
  - Equipment requires approval from FAU Environmental Health and Safety. (FAUF – EQU0601)
  - FAU approval is required prior to acceptance of these gifts; please call 297-2862.
- **IRS/tax deduction information.** It is the responsibility of the donor to report a reasonable valuation for this gift-in-kind on his/her itemized tax return. The FAU Foundation will not provide a dollar value for this gift-in-kind. For in-kind contributions greater than $5,000 the donor must submit an IRS form 8283 with his/her tax return for the gift to be eligible for a deduction. Donors should go to the IRS website for the current 8283 Form and forward completed form to FAUF for signature.

**Revised 12/11**

Please print on pink paper

FAUF – GIK0301
Gift in Kind – other forms

- Requisition Form - if over $5k and non-appreciating.
- Property form – if over $1k
- Vehicle, Boats and Equipment Form
- University Art Collections and Display Policy 2.4
- IRS 8283 tax form – donor provides for items over $5k
Disbursements

Georgia Hill, Nimisha Kolachapati, Ishraaj Jolly
Check Request Signature Policy:

All check requests need **two** signatures

- Fund Director
- Fund Approver
- Additional Provost’s signature needed
- All Dean’s reimbursements

**Note:** Fund director/approver cannot sign for their own reimbursements
Purchase Orders:

- Should be completed at the time order is submitted
- Required when:
  - The Purchase/Service is $1,000 or more
  - Attractive items (e.g. laptop, digital camera)
  - When the FAU or the FAUF Logo is used.
  - Blanket PO’s: When the vendor is being used multiple times in a fiscal year (e.g. Office supplies from Office Depot)
Honorarium:

Forms needed for processing:

- Letter of invite
- PO if over $1,000
- Flyer or itinerary of the event
- Invoice if applicable
- W-9 & Independent Contractor Form
- Contact Patrick Beauvoir in the Controller’s Office for pre-approval for Non-US Residents
- Payments to FAU Employees for services are paid through the University payroll system
FAU Campus Catering Policy:

- Chartwells--the caterer for Boca and Jupiter Campuses
- Events at the Baldwin House
- Alcohol when served on Campus
- If another vendor is being used, the Chartwell’s waiver form must be completed and submitted 10 days prior to the event
Dinners and Events

Per Fla. Dept. of Revenue:
Sales tax is assessed on non-exempt entities; taxes should be paid.

We pay taxes to the caterer.
Go to the FAU Foundation web site:

https://fauf.fau.edu
### BLUE CHECK REQUEST FORM

**Florida Atlantic University Foundation, Inc.**

**777 Glazer Road, ADM 285**
**Boca Raton, FL 33431**
**Phone: 561-297-2991**

**ALL FIELDS MUST BE COMPLETED**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor Name *</td>
<td>*</td>
</tr>
<tr>
<td>Z-Number or TIN#</td>
<td>*</td>
</tr>
<tr>
<td>Remittance Address *</td>
<td>*</td>
</tr>
<tr>
<td>City *</td>
<td>*</td>
</tr>
<tr>
<td>State &amp; Zip*</td>
<td>*</td>
</tr>
<tr>
<td>e-mail &amp; phone</td>
<td>*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project #</th>
<th>Project Name</th>
<th>Topic of Discussion/Benefit to FAU/Purpose of Event/Reason for Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Business Purpose (select all that apply):**

- Donor Solicitation/Donating/Receivables
- Sponsorship/Contributions
- Foundation/Endowment/Student Assistance
- Scholarships/Grants
- Employee Meeting
- Fundraising/Event Materials
- Professional Association Meeting
- Other (please explain)

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Signature Required for Approval:**

- **First Reviewer:**
  - Name:
  - Date:
- **Second Reviewer:**
  - Name:
  - Date:
- **Foundation Office:**
  - Name:
  - Date:

**REMEMBER:**

The Project Director and Project Approver certify that this claim for expenses is true, correct, reasonable, and within the limitations of the Foundation's budget and purposes stated above. These expenses are not for any other purpose. Failure to provide complete and accurate forms may result in your being held to pay personal income taxes on reimbursements for business expenses. Any...

### Note:

- Please print on a blue paper.
- This form is available in PDF format on the FAU Foundation Office website.
Things to remember

- Original Invoice- both itemized and payment portion of receipts
- Proof of Payment
  - Cancelled Check
  - Credit Card Statement
  - Cash Receipt
- W-9 and independent contractor worksheet for new vendor
- Gift Certificates are not reimbursed
- Tips over 20%
- Events in honor of employees - 2 years or more, prior approval if over $250
• No alcohol purchases from employee to employee business meals

• Employee to employee meals will be limited to the US General Services Administration (GSA) rate with a detailed receipt

• Wine (with guests) limited to $50 per bottle

• All reimbursements must be submitted within 60 days
  • If after 60 days, IRS requires us to report it as a Fringe Benefit
Travel Reimbursements
# Travel Authorization Form

**Florida Atlantic University Foundation, Inc.**
777 Glades Road
Boca Raton, FL 33431
Phone: 561-297-2891

**Travel Authorization Request**

<table>
<thead>
<tr>
<th>Name of Traveler</th>
<th>Z-Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Department Name/ Campus Address</th>
<th>Project ID</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Telephone Ext.</th>
<th>Email</th>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Destination of Travel</th>
<th>Purpose of Travel</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Departure - Date/Time</th>
<th>Return - Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Estimated Cost of Travel**

<table>
<thead>
<tr>
<th>Per Diem Meals</th>
<th>Foundation Expense</th>
<th>FAU Expenses</th>
<th>P-Card Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Lodging</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Mileage</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Common Carrier</th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Rental Car</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incidental Expenses**</th>
</tr>
</thead>
<tbody>
<tr>
<td>reg. taxi, etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registration</th>
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<table>
<thead>
<tr>
<th>P-Card expense</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Other Expense**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Authorized Signatures**

<table>
<thead>
<tr>
<th>Traveler’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Dean/Business Manager/Vice-President</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Provost’s Signature</th>
<th>Date</th>
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<tbody>
<tr>
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</tr>
</tbody>
</table>

**Pursuant to Section 112.061 (3)(a) Florida Statues, I hereby certify that this travel is an official business of the State of Florida and will be performed for the purpose(s) stated.**

**Revised 03/16/11**
### Employee Travel Reimbursement Form

**Florida Atlantic University Foundation, Inc.**

777 Glades Road, ADM 295
Boca Raton, FL 33431
Phone: 561-297-2891

**ALL FIELDS MUST BE COMPLETED**

<table>
<thead>
<tr>
<th>Date of Travel</th>
<th>Project #</th>
<th>Destination or Location</th>
<th>Auto Mileage Number</th>
<th>Transportation Code (use legend)</th>
<th>Transportation and Lodging</th>
<th>Registration Fee</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Event</td>
<td>Project #</td>
<td>Destination or Location</td>
<td>Auto Mileage Number</td>
<td>Transportation Code (use legend)</td>
<td>Transportation and Lodging</td>
<td>Registration Fee</td>
<td>Breakfast</td>
<td>Lunch</td>
<td>Dinner</td>
<td>Other</td>
<td>Total</td>
</tr>
</tbody>
</table>

**Mileage**

- **A** = Air
- **R** = Rental Car Gas
- **T** = Tolls
- **M** = Mileage
- **P** = Parking
- **T** = Taxi

---

**Business Purpose and Explanation:**

**Transportation Codes:**

- **A** = Air
- **R** = Rental Car Gas
- **M** = Mileage
- **T** = Tolls
- **P** = Parking
- **T** = Taxi

**Per Diem, Transportation and Lodging:**

- **Per Diem:**
- **Transportation and Lodging:**

**Total Mileage:**

- **Total Mileage:**

**Total Travel Reimbursement:**

- **Total Travel Reimbursement:**

---

**Signatures required for approval:**

- **Employee:**
- **Fund Director:**
- **Fund Approver:**
- **Foundation:**

---

**Remark:**

As an employee, my signature certifies that the expenses and information provided on this Employee Travel Reimbursement Form are true and accurate and within the limitations of the Foundation's Travel Reimbursement Policy and Procedures. I certify that these expenses will not be submitted or paid by any other source. Failure to provide complete detail and accuracy (where feasible) may result in me (the employee) having to pay personal income taxes on reimbursements for business expenses incurred.

The **Project Director and Fund Approver** certify that this claim for expenses is true, correct, reasonable, and within the limitations of the Foundation Fund purpose listed above. These expenses will not be paid by any other source.

---

**Printed at:**

- **Date:**
- **Check #:**
- **Check Date:**
- **Location:**

Please print in light blue paper.
Reimbursements for Meals during Travel

- No receipts - Limited to the State per diem
  - Breakfast - $6
  - Lunch - $11
  - Dinner - $19
  - Incidentals - $3/day

- Itemized & paid receipts – limited to Federal GSA rates of your destination
  - → www.gsa.gov
Travel Reimbursements: common mistakes

- Travel authorization form must be completed prior to traveling
- All International travel requires Provost’s signature
- All mileage reimbursements should be supported with MapQuest printouts [http://www.mapquest.com/](http://www.mapquest.com/)
- Foreign currency should be converted into US currency – documents of conversion should be attached [http://www.oanda.com/currency/](http://www.oanda.com/currency/)
- Itemized & paid receipts required
- Conference & trip itinerary if available
Scholarships

Allison Simpson
Scholarship Award Audit Form

Instructions:

Information on the form should be…

• Specific and accurate pertaining to the award and the recipient
• In compliance with donor criteria
• Changes to criteria must be submitted in writing and approved by the donor.
1. Fill out one separate form for each fund, and for each semester. Indicate applicable award criteria.

2. Submit to budget director and approver for signature. Forward completed form to Allison Simpson, FAU Foundation Admin 295, 7-0262.

<table>
<thead>
<tr>
<th>Name of Recipient</th>
<th>Z-Number</th>
<th>$5 Award Amount</th>
<th>GPA</th>
<th>Hours enrolled</th>
<th>Unmet Need (FAFSA)</th>
<th>Year in School</th>
<th>College/Major</th>
<th>Other - Specify</th>
<th>1 term or 2?</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Enter only the applicable criteria for this scholarship

Award Committee: (signature required from Committee Chair, a committee of at least two faculty/staff is required)

*Chair Signature: __________________________ Print name__________________Phone:___________ e-mail__________________

* Committee member print name__________________ Phone:___________ e-mail__________________

Committee member print name__________________ Phone:___________ e-mail__________________

Committee member print name__________________ Phone:___________ e-mail__________________

Committee member print name__________________ Phone:___________ e-mail__________________

*Scholarship advertised______________________

*Time advertised____________________________

Please specify other __________________________

*The chair of the committee is the responsible party.

Documentation supporting the scholarship award must be maintained for 3 full fiscal years.

Project Director: ____________________________ Date: ____________________________

Project Approver: ____________________________ Date: ____________________________

Financial Aid: ____________________________ Date: ____________________________
When the award is processed...

- Check request completed / EFT processed
- EFT email sent to Cash Management & Financial Aid Office

Sample:

$ 88,000.00  Account Code 011510  IND S90004/59151  EDUSCH  Education
$  1,200.00  Account Code 011510  IND # S90002/59149  ARTSCH  Arts &Letters
$186,208.00  Account Code 011510  IND # S90006/59153  NURSCH  Nursing
$275,408.00  TOTAL

- Copies of the scholarship award and audit forms included in this batch will be sent to the Student Financial Aid Office
Transfers
Foundation and University

- Foundation to Foundation – use Project to Project transfer form
- Foundation to University – Complete Foundation Check Request Form
  (Reference Index and Org)
- University to Foundation – Complete a FAU Payment Request Form
  (reference Foundation ID)
Project to Project Cash Transfer Request

Date of Request: ________________________________

Contact Information:
Prepared by: ____________________________ Phone: ____________________________
Department: _______________________________ Email: ____________________________

Amount to be Transferred: $ ____________

Transfer Cash From:
Project Number: ________________ Project Name: ______________________________

Transfer Cash To:
Project Number: ________________ Project Name: ______________________________

Reason and Purpose:
__________________________________________________________________________
__________________________________________________________________________

Please provide sufficient back-up documentation

Authorization:
Director Signature: ____________________________ Date: ____________________________
Approver Signature: ____________________________ Date: ____________________________
Other: ____________________________ Date: ____________________________
Foundation Approval: ____________________________ Date: ____________________________

Revised 06/10

FAU Foundation Workshop - November 19, 2014
Annual Inventory

- Fixed Assets
- Custodian
Florida Atlantic University Foundation, Inc.
Property Transfer Form

Date: _________________

Description of item(s) moved or transferred: (Attach picture if possible) ________________

Donor if known _________________

Old Location of property:
Include campus, department, building, and room number 

New Location of property:
Include campus, department, building, and room number 

Signature of person who will be custodian of property:

X

The person signing this form will be the custodian of record of this property until released by the Foundation. Changes to the location of this item must be reported to the FAU Foundation office at 297-2891.

Print name: ___________________________ Date: ___________________________

Title: ___________________________

Phone number: ___________________________

e-mail address: ___________________________

To be used when transferring FAUF property
Please return form to the
FAU Foundation
Building 10, Room 295,
Boca Raton, FL 33431
Break

Coming up...

Session II - Special Topics
Endowments and Spending Policy
Endowments and Spending Policy:

3.9% Spending Allocation
Over 20 Quarters
Cash limitation (Carry forward limitation)
Only if there is adequate Market Appreciation
Encumbrance Report
1.7% Administration Fees
Foundation Endowment Growth from 2008-9/30/2014 in millions:
Changing a Fund Purpose

1.) Donor Approval
2.) Foundation Approval
3.) Circuit Court Approval
Request for Changes to Foundation Fund

Date:

Name of Person Requesting Change:

Phone #:

Email:

Fund ID to change: _____________

Describe the change and reason for change:

**Will this alter the purpose of the fund? _____ Yes _____ No

If yes, please complete page 2.

Project Director:

______________________________
printed name

______________________________
signature
Foundation/Banner Funds:

Established via FAU Budget website

Approved by FAU Foundation

Automatic Reimbursements to FAU monthly

Responsible for funding of University charges
Foundation/Banner Funds:

Budget established annually with the University based on cash balance and spending allocation.
Grants/Gifts

Terms of the agreement
Research on live subjects
Reversion of unspent funds
Requirement that the money go to a 501(c)(3)
Reports should be submitted to Grantor with a copy to FAUF.
DocuSign

https://www.docusign.net/Member/MemberLogin.aspx
## 2015 Foundation Workshop

### DocuSign

<table>
<thead>
<tr>
<th>From</th>
<th>Subject</th>
<th>Received</th>
<th>Completed</th>
<th>Status</th>
</tr>
</thead>
</table>

**Envelope Status:** Completed

**Envelope Subject:** BDG100: Chartwells Check Request.pdf, Chartwells Invoice.pdf

**Pages:** 2

1. Sent by Abbey Lauth (alauth@fau.edu) | 10/27/2014 4:30:43 PM ET
2. Signed by Joanne Davis (joannedavis@fau.edu) | 10/27/2014 4:50:11 PM ET
3. Signed by SBrown (sdbrown@fau.edu) | 10/27/2014 4:58:02 PM ET
4. Signed by Georgia Hill (hillg@fau.edu) | 10/28/2014 7:55:51 AM ET
5. Copy sent to Nimisha Kolachapati (kolachap@fau.edu) | 10/28/2014 7:55:52 AM ET
Fundraising Events

Raffles

Auctions

Reporting
On-line registration

Foundation Events
Contact: Kate Workman  7-3479

University Marketplace
Contact: Adam Matheson 7- 3137
Events Planning

Please notify Foundation and attendees of the fair market value of goods and services provided. Add this statement to solicitations, invitations, flyers, tickets etc.: “Your gift value of your payment will be less any goods and services received.”
Event Setup Request Form

Contact Information
Name
Department
Telephone
Email

Event Information
Event Name:
Date(s):
Time(s):
Department/Group hosting event:
Location:
Brief description of your event:
Event contact person:

Financial Information
Is there a charge for this event? [Yes/No]
Fund Name: ___________________ Fund ID: ___________________

When a donor receives a benefit as result of making a contribution to FAUF, the FAUF must inform the donor that s/he may deduct only the amount of the contribution that is greater than the value of the benefit received.

To determine the tax deductible amount -- if any
Price of membership level/ticket/table/Sponsorship package, etc.

Registration Fee:
Subtract expenses from the registration fee to determine contribution amount:

Cost of Meals:
Cost of Benefit items with cost of 2% or more (gift items, tickets, golf fees, etc.)
For Sponsorships -- the following Substantial Benefits negate any gift value:
Cost of Advertisements: messages containing qualitative info, price info, comparative info, etc.
Cost of Exclusive Sponsorships (limits sales, use of competing products)

Contribution amount, if any =

When your event is over please submit an event spreadsheet with revenue and expenses.

Pricing structure and receipt value: (A separate document listing fee levels can be sent instead of filling out the table below.)

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>PRICE</th>
<th>RECEIPT VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Couple</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty-Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sponsor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Event Setup Request Form

• Charge for the event
• Fund Id and name
• Associated expenses
• FMV of goods and services
• Sponsorship pricing structure
• Maximum capacity
• Special graphics
• URL alias
• Menu choices
• Refunds?
Event Fund

- Set up separate Foundation fund for all annual fundraising events
  - Helps with information to be recorded on annual 990 tax form
## Indian River Lagoon Symposium 2015

**Lessons, Challenges, and Opportunities**

Johnson Education Center  
Harbor Branch Oceanographic Institute at Florida Atlantic University  
February 5-6, 2015

Please choose your registration(s)

### Step 1: Prices

<table>
<thead>
<tr>
<th>Registration Type</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$20.00 ea.</td>
</tr>
<tr>
<td>Student</td>
<td>$10.00 ea.</td>
</tr>
</tbody>
</table>

### Step 2: Register

### Step 3: Finish

The Indian River Lagoon (IRL) Symposium is the result of a multi-institutional, multi-agency effort to provide a forum for discussing IRL science and its application to management of the lagoon.

Planning to attend the Public Forum on Friday? Please register below.
Raffles…

• Notify Foundation Office at least 2 months in advance of the sale of tickets, complete application and fees.
• Consider raffle State & Federal regulations when planning event – no purchase necessary, giveaway of prize not conditioned upon receiving voluntary donation, drawing cannot be cancelled, date and time must be stated on all solicitations.
When having an Auction…

• The fair market value for each item must be listed on bid sheet for buyer to view
• Request use of Foundation equipment for event – complete check out form / software for event
• Remember to submit all bid sheets & receipts from auction purchases to Foundation to record
Event Equipment/Software

- Foundation Office equipment to use at event:
  - CC machine
  - iPad’s and Chromebooks

- Auction Software:
  - Guest check-in, display & sale of auction items, check-out at event, import to Raiser’s Edge to record with donor information
After the event…

- Return event equipment to Foundation Office
- Submit all receipts to Foundation to record (include bid sheets from auction, CC receipts from transaction, all supporting documentation, etc.)
- Complete event revenue/expenses spreadsheet and submit to Foundation for records and auditing purposes
Wilsert Odige - Foundation Student Employee
Asst. VP Finance and Administration
Sharon Brown (7-2891)
sdbrown@fau.edu

Assistant Director of Finance
Georgia Hill (7-2893)
hillg@fau.edu

Executive Assistant
Abbey Lauth (7-2891)
alauth@fau.edu

Accountant – Coordinator
Samantha Davis (7-4041)
sdavi137@fau.edu

Accountant - Accounts Payable
Nimisha Kolachapati (7-2895)
kolachap@fau.edu

Accountant- Scholarships
Allison Simpson (7-0262)
asimps11@fau.edu

Accountant – Accounts Receivable
Gayle Lavelee (7-4223)	glavelee@fau.edu