GSU FOUNDATION
POLICIES AND PROCEDURES

COLLEGE OF ARTS AND SCIENCES
October 3, 2012

Meeting Agenda

• How to fill in the Disbursements form
• Scholarship processing (Forms & Flowchart)
• Scholarship spending status meetings
• Sponsored G&C Project Budget Req. Form (How to fill out)
• How to read expenses as posted to the FE account
• Q&A
The attached Foundation Request has been returned, due to the lack of information, documentation, or approval, which is indicated below and highlighted on the form. Please correct the form, attach the required documents (agenda, invitation, receipts, etc.) and return to the Foundation, Suite 533, One Park Place. If you have any questions, please call Tamille Lindsay 3-3437 or Lori Hudaib 3-3443.

This is not an allowed expense. Please reference the Foundation's Expenditure Policy.

Payee Information (Correct Payee Name should be listed first)

Department Information - Requestor or contact information required

SSN/EIN/ITIN - Required and signed invoice with information listed

Residency Status for Tax Purposes

Original Payee Signature (on disbursement form) is required for IRS W-9 Certification

Invoice Information - Invoice #, Invoice Amt., Description

Description - Please provide a detailed description for expense

Original receipts/invoices are required for all expenses including meals, taxis, tolls, etc.

Event Information - IRS requires documentation for all entertainment expenses

Provide Business Purpose, attendees' names*, attendees' business relationships, invitation/agenda/event flyer

*If the number of attendees are 13 or more, please give a description.

Ex: 10 GSU Faculty, 10 GSU Staff, 30 Biology Students, 20 Donors, etc.

Charge Detail – Financial Edge - Account code, FE Project #, FE Project Name & Amount

Insufficient Balance to process the attached request(s) - Report(s) Attached

Signature of Requestor

Signature/Approval of Chairman/Director

Signature/Approval of Dean/Vice President

At least 2 Signatures are required as mandated by President, Georgia State University

Sales tax was not added to total.

Need W-9 (vendor never paid before)

Needs print out of Panther Mart PO; disbursement partially paid from University funds

Needs a fee-based form attached. (Payee is faculty, staff or student who is receiving compensation.)

revised 5/23/2012
Section 1: Vendor and Department Information

<table>
<thead>
<tr>
<th>Payee Name &amp; Remittance Address</th>
<th>Department Name</th>
<th>P.O. Box</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Contact Person:  
Contact E-mail:  
GSU Employee (yes/no):  
Social Security Number/EIN/ITIN:  
Date of Request:  

*Provide all information requested (even if previously reported) for Payee information including SS#/EIN/ITIN.  
NOTE: There is a separate form for scholarships, fellowships and awards.  
*Provide all of the information requested for Department information.

Section 2: Residency Status for Tax Purposes

REQUIRED FOR INDIVIDUALS - Residency Status for Tax Purposes: Is payee a US Citizen or Permanent Resident Alien (Green Card Holder)?

☐ YES - If YES, submit the Request for Disbursement to the Foundation once completed and approved.  
☐ NO - If NO, complete the Foreign National Information Form and attach it to the Request for Disbursement form.  Submit both to the Foundation for payment.  Payment from GSU Foundation may be subject to withholding taxes under the IRS regulations concerning payment to foreign nationals.

*The Residency Status for Tax Purposes MUST BE COMPLETED FOR ALL REQUESTS.

Section 3: IRS W-9 Certification

IRS W-9 Certification – MUST BE COMPLETED BY PAYEE IF PAYEE IS NOT A CORPORATION/COMPANY

I certify that I have not received reimbursement from another source(s) for any expenses/services claimed. In the event payment is received from another source(s) for any portion of the expenses/services claimed, I assume responsibility for repaying GSU Foundation in full for those expenses. Under penalties of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number, and 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I certify that the above statement regarding residency for tax purposes is true and accurate.

Signature of Payee:  
Date:  

*The IRS W-9 Certification section MUST BE COMPLETED AND SIGNED BY THE PAYEE, if payee is not a corporation/company.
Section 4: Invoice/Event Information

**INVOICE AND BUSINESS NATURE OF THE EXPENDITURE OR EVENT INFORMATION**

S REQUIRES the following information for all expenses in order to document the business nature of the expense. Attach a copy of ALL relevant information including, but not limited to: registration forms, invitations, flyers, announcements, attendee lists, or other notifications.

REQUIRED - BUSINESS PURPOSE AND/OR DESCRIPTION:

Invoice #: ______________ Invoice or Event Date & Event Location: __________________________

Total # of Attendees: __50____ List Attendee(s) Names and Business Relationships below – REQUIRED for all attendees if 12 or less attended – space provided for 6, please make attachment for more than 6. For 13 OR MORE, provide a general description. EX. 13 GSU Faculty members, 13 Students, 13 Alumni, 13 Recruiters, etc.

<table>
<thead>
<tr>
<th>Attendee Name</th>
<th>Business Relationship</th>
<th>Attendee Name</th>
<th>Business Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 10</td>
<td>GSU Faculty</td>
<td>4. 5</td>
<td>GSU retirees</td>
</tr>
<tr>
<td>2. 15</td>
<td>GSU Students</td>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>3. 10</td>
<td>Atlanta Business Leaders</td>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

PROCESS ONE REQUEST FORM FOR EACH INVOICE.

Required information for all entertainment expenses in order to document the business nature of the expense for deduction purposes on tax forms:

1. **Business Purpose and/or Description:**
   Ex: Dinner with faculty candidate,
   Labels & pens purchased for the HR Roundtable
   11/20 – 11/25/12 Lodging for guest speaker: John Doe
   12/15 refreshments for seminar by Dr. John Doe
   Get well flowers for Dr. Jane Doe, English Faculty member

2. **Invoice Number:** Please enter actual invoice # from the invoice that is being paid. In the absence of an invoice #, a number may be assigned by your department for your record keeping or a number will be assigned by the Foundation.

3. **Invoice Date or event date and location:** Use actual date listed on the invoice

4. **Total number of attendees and the attendees’ names with their business relationships.** Names and business relationships are required by the IRS for 1 to 12 attendees. Provide the list on an attached sheet if necessary. If over 12 attendees, provide a description and a number.

5. **An agenda is required** if the event was for a faculty or staff workshop or retreat.

6. **Attach a copy of the notification** flyer, announcement, invitation, registration form or other type to the request form.
Reimbursement from Receipts
Which is not sufficient proof of payment?

Copy of front of check

Receipt stamped “PAID”

Adding machine tape

Copy of bank statement
Section 5: Charge Detail

<table>
<thead>
<tr>
<th>Ledger</th>
<th>Account Code</th>
<th>Project ID</th>
<th>Project Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>510090</td>
<td>02F55</td>
<td>David C. Blumenfeld Faculty Support</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

TOTAL AMOUNT DISBURSED: $100.00

1. The ledger will be 01, the operating ledger for all projects.
2. Account code is the expense account code. Please breakdown the different expenses and totals. Ex: Food - 510090, Dues – 510050, Postage – 510150
3. Project ID: This number is usually 5 digits and appears on your financial edge project report.
4. Project Name: Corresponds to project ID.
5. Amount: Provide the amount by Account Code and the total amount.

Section 6: Signatures

I certify I have completed the appropriate due diligence in acquiring the correct Taxpayer ID for the payee listed above.
Certification: I do solemnly affirm, under criminal penalty of a felony for false statements subject to punishment by a possible fine or by imprisonment, that the statements are true and that the described item(s) is/are for institutional purposes only and that reimbursement or payment has not been previously requested and/or paid by Georgia State University and that payment has not been requested and/or paid by any other source.

REQUIRED: Signature of Requestor

Matilda V. Dunlap
Date: 10/3/12

By my signature below, I certify that the above disbursement request is consistent with any applicable restrictions imposed on the funds and with the policies of the Georgia State University Foundation, Inc. I further certify that any required reports of the use of the funds have been provided.

Armon Chair

Signature/Approval of Chairman/Director Date: REQUIRED: Signature/Approval of Dean/Vice President Date:

1. Signature of Requestor of the reimbursement is required for all requests.
2. Signature/Approval of Chairman/Director is required for all requests.
3. Signature/Approval of Dean/Vice President is required for all requests.

PLEASE REFER to the Foundation Policy Manual - Section V. Expenditures and Disbursements located under the About Us pull-down menu on our Netcommunity site: netcommunity.gsu.edu (no ‘www’).
FOUNDATION SCHOLARSHIPS
# Scholarship Disbursement

### Section A: RECIPIENT AND AWARDING UNIT INFORMATION

<table>
<thead>
<tr>
<th>Recipient's name &amp; remittance/home address</th>
<th>Recipient's current e-mail address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awarding unit's name</td>
<td>Contact university PO Box</td>
</tr>
<tr>
<td>Awarding unit's contact person</td>
<td>Contact e-mail</td>
</tr>
<tr>
<td>Awarding unit's contact telephone</td>
<td></td>
</tr>
</tbody>
</table>

### Section B: INFORMATION ON SCHOLARSHIP/AWARD/FELLOWSHIP

**Specify Award Type (select only one)**<br>
- Scholarship - account code 513020 (Yes)<br>
- Award - account code 513020 (No)<br>
- Fellowship - account code 513020 (Yes)<br>

**CHARGE DETAIL**

<table>
<thead>
<tr>
<th>FUND</th>
<th>ACCOUNT CODE</th>
<th>PROJECT ID</th>
<th>PROJECT NAME</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>02</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C: TO BE COMPLETED BY AUTHORIZED REPRESENTATIVE OF AWARDING AUTHORITY

1. The student named above has accepted the above named scholarship/award/fellowship. A signed original of the student's acceptance form is attached.
2. We understand that fulfillment of this request is contingent on the availability of funds in the project listed above.
3. The Office of Student Financial Aid has verified that the student named above has financial aid capacity consistent with the amount requested. A copy of financial aid verification is attached.
4. We have verified that the student named above meets the scholarship requirements as set forth in the Memorandum of Understanding or, if none exists, a copy of the scholarship/award/fellowship purpose was made available to the student.
5. We certify that we are authorized to subscribe to theses foregoing statements on behalf of the awarding unit.

__Verified by__

(Date)

We certify that we are authorized to subscribe to theses foregoing statements on behalf of the awarding unit that this request is consistent with any applicable restrictions imposed on the funds and with the policies of the Georgia State University Foundation, Inc. We further certify that all required reports of the use of the funds have been provided.

- Signature/approval of director/other person

*Signature of requestor*

*Date*

*Signature of approval of dean/chairman*

*Date*

*Signature of approval of dean/chairman*

*Date*

### Scholarship Acceptance

**Recipient's Panther ID #**

**Recipient's current e-mail address**

**Name of Scholarship/award/fellowship**

**Scholarship/Award/Fellowship project ID**

**By signing this form, you agree to the terms of this offer of scholarship/award/fellowship.**

1. I understand that if my scholarship/award/fellowship becomes final, I will receive a confirmation letter from the awarding unit.
2. I understand that if there are issues with my scholarship/award/fellowship that I will be contacted by a representative of the awarding unit.
3. I understand that the amount of financial aid that I am eligible for is based on my enrollment status, classification (undergraduate or graduate), residency, housing arrangements, and aid received from other sources. I promise to notify the Office of Student Financial Aid of any corrections or changes to my information to prevent incorrect disbursements of your aid.
4. I authorize release of an official transcript of my academic record to the awarding unit specified above and to the foundation for purposes of determining eligibility for the above specified scholarship/award/fellowship.
5. I hereby authorize the university to release "directory information" as defined by the University FERPA Records Access Policy such as student name, city, state and country of residence (both local and permanent), age and place of birth, major field of study, full or part-time status, participation in officially recognized activities and sports, degrees and awards applied for and/or received, dates of attendance, previous educational institutions attended and, with respect to members of athletic teams, age, hometown, hobbies, and general items of interest to the foundation to be shared with the donor of my scholarship.
6. I agree to the university and the foundation releasing and using information about me and my photographs for publications and promotional and marketing purposes.
7. I agree to participate in scholarship recipient activities, including the annual scholarship luncheon.
8. I promise to write, under supervision of participating athletic teams, to the donor(s) of my scholarship/award/fellowship.
9. I understand that I have tentatively been awarded a foundation scholarship/award/fellowship. I understand that if my scholarship/award/fellowship becomes final, I will receive a confirmation letter from the awarding unit.
10. I understand that if there are issues with my scholarship/award/fellowship that I will be contacted by a representative of the awarding unit.
11. I understand that the amount of financial aid that I am eligible for is based on my enrollment status, classification (undergraduate or graduate), residency, housing arrangements, and aid received from other sources. I promise to notify the Office of Student Financial Aid of any corrections or changes to my information to prevent incorrect disbursements of your aid.
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15. I agree to participate in scholarship recipient activities, including the annual scholarship luncheon.
16. I promise to write, under supervision of participating athletic teams, to the donor(s) of my scholarship/award/fellowship.
17. I understand that I have tentatively been awarded a foundation scholarship/award/fellowship. I understand that if my scholarship/award/fellowship becomes final, I will receive a confirmation letter from the awarding unit.
18. I understand that if there are issues with my scholarship/award/fellowship that I will be contacted by a representative of the awarding unit.
19. I understand that the amount of financial aid that I am eligible for is based on my enrollment status, classification (undergraduate or graduate), residency, housing arrangements, and aid received from other sources. I promise to notify the Office of Student Financial Aid of any corrections or changes to my information to prevent incorrect disbursements of your aid.
20. I authorize release of an official transcript of my academic record to the awarding unit specified above and to the foundation for purposes of determining eligibility for the above specified scholarship/award/fellowship.
21. I hereby authorize the university to release "directory information" as defined by the University FERPA Records Access Policy such as student name, city, state and country of residence (both local and permanent), age and place of birth, major field of study, full or part-time status, participation in officially recognized activities and sports, degrees and awards applied for and/or received, dates of attendance, previous educational institutions attended and, with respect to members of athletic teams, age, hometown, hobbies, and general items of interest to the foundation to be shared with the donor of my scholarship.
22. I agree to the university and the foundation releasing and using information about me and my photographs for publications and promotional and marketing purposes.
23. I agree to participate in scholarship recipient activities, including the annual scholarship luncheon.
24. I promise to write, under supervision of participating athletic teams, to the donor(s) of my scholarship/award/fellowship.

Under penalties of perjury, I certify that the above statements are true and accurate.

**Signature of scholarship recipient**

(Date)

**Are you a US citizen or Permanent Resident Alien (Green Card Holder)?**

- Yes
- No

**Signature of requestor**

(Date)

**Print name**

**Date**

**Print name**

**Date**

Submit to Disbursement Accounting, Georgia State University Foundation
1 Peachtree, Suite 130 * 500 Three03, Atlanta, GA 30302-3607 * (404) 413-1360.
Scholarship Workflow Chart

1. START

2. EMAIL Notice of Intent to James

   Awarding unit (college, department, area) selects scholarship recipient.

   EMAIL Notice of Intent to Award with student information and submits to Financial Aid.

   Financial Aid makes determination on student’s eligibility, indicates the eligibility on the Notice of Intent, returns to college coordinator and sends a copy to the foundation coordinator.

3. If student is not eligible to receive the scholarship, dept. contact person contacts Financial Aid for possible other options.

   If student is eligible to receive the scholarship, dept. contact person completes:
   (1) Scholarship Disbursement Request
   (2) Scholarship Acceptance Forms with all required signatures, and
   (3) Notice of Intent to Award, and submits to College coordinator for Dean’s Office signature.

4. Yes

   James returns via email to Business Mgr. or Admin. Coordinator

5. No

   Student’s lack of eligibility cannot be overcome and scholarship is cancelled.

   Go to next page.
# FY13 A&S Spending Status Report

## Georgia State University Foundation Scholarship Spending Status Report

### Arts & Sciences - FY2013

<table>
<thead>
<tr>
<th>Spendable Funds</th>
<th>01 Spend Alloc</th>
<th>01 Operating</th>
<th>01 Contribution</th>
<th>01 Expenses</th>
<th>01 Other Trans</th>
<th>01 Spend Alloc</th>
<th>01 Balance</th>
<th>02 Balance</th>
</tr>
</thead>
</table>

A&S Total Spending this Year

| $180,469.77 | $661,995.09 | $690.00 | -$87,415.87 | $0.00 | $0.00 | $575,269.22 | $4,717,440.78 |

## Georgia State University Foundation Scholarship - Percentage Spending Comparison

<table>
<thead>
<tr>
<th>Arts &amp; Sciences</th>
<th>Spendable Funds FY11</th>
<th>Spendable Funds FY12</th>
<th>Spendable Funds FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Cashflow Expenses</td>
<td>Percent Awarded</td>
<td>Operating Cashflow Expenses</td>
<td>Percent Awarded</td>
</tr>
</tbody>
</table>

A&S Total Spending by Year

| 881,446.78 | (170,138.55) | 19.30% | 904,658.99 | (242,663.90) | 26.82% | 662,685.09 | (87,415.87) | 13.19% |
G & C Project Requests/Budget Amendments

(Original Budget set up)
1st Amendment
(To move $8,144 from Supplies to Summer Faculty & Fringe

GSU Foundation Sponsored Grants & Contracts Project Budget Request Form
FY 2013  
Original Budget Request  
Budget Amendment

Project/Department/ Budget Information

Date:  
IE Project ID:  
IE Project Title:  
Dept. ID # (5 Digits):  
Department Name:  
Principal Investigator/Dept. Chair:  
Department Contact:  
Name:  
Telephone:  
Email:  
Expenditure Approval:  
Name:  
Telephone:  
Email:  

Budget Period: Start Date: 7/1/12  
End Date: 06/30/2013

Description of Sponsored Activity:

<table>
<thead>
<tr>
<th>Personnel Budget</th>
<th>Original FY Budget</th>
<th>YTD Amendments (increase/decrease)</th>
<th>New Amendments (increase/decrease)</th>
<th>Total FY Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>3,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td>5,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summer Faculty</td>
<td>3,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate Assistants</td>
<td>3,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FacultyALK</td>
<td>6,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fringe Benefits 5,000

Non Personnel Budget

| Travel          | NTN 3000         | 5,000                              |                                    | 5,000          |
| Supplies        | NSP 3000         | 50,000                             | (8,144)                            | 41,856         |
| Equipment       | NC3000           | 16,000                             |                                    | 16,000         |
| Honorarium      | NCAA000          |                                    |                                    |                |
| Total Budget    | 71,000           |                                    |                                    | 71,000         |

Compliance:

Human Subjects: ☒ NO ☐ YES  
Animal Subjects: ☒ NO ☐ YES  
Radiation: ☒ NO ☐ YES  
Biohazard: ☒ NO ☐ YES  

GSU Foundation Contacts

For assistance with Grants and Contracts budget requests, amendments, SpendTypes, and extension of budget periods. Please contact Jeffery Pointer, GSU Budget Manager, (404) 413-3445, j_pointer@gsu.edu

Approvals

Signed Name of Requestor Date  
Requestor Signature Date  
Signature/Approval of Chairperson/Dean Date  
Signature/Approval of Vice President of Budget Date  
GSU Reviewed By: Date  
GSU Approved By: Date  

Submit completed and approved form to GSU Foundation, 1 Park Place South, Suite 505, P.O. Box 3081, Atlanta, GA 30302-3081
2nd Amendment
(To add an additional $500 to PLS000 and $9 to FBB000.)

<table>
<thead>
<tr>
<th>Description of Sponsored Activity</th>
<th>Personal Budget</th>
<th>Original FY Budget (should remain the same)</th>
<th>YTD Amendments (increase/decrease)</th>
<th>New Amendments (increase/decrease)</th>
<th>Total FY Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>P50000</td>
<td></td>
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<tr>
<td>Staff</td>
<td>P50000</td>
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<tr>
<td>Summer Faculty</td>
<td>P40000</td>
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<tr>
<td>Grad Assistants</td>
<td>P40000</td>
<td></td>
<td>9,000</td>
<td>500</td>
<td>8,500</td>
</tr>
<tr>
<td>Park-Time</td>
<td>P40000</td>
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<tr>
<td>Max. Lump Sum</td>
<td>P10000</td>
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<tr>
<td>fringe benefits</td>
<td>P10000</td>
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<tr>
<td>Non-Personal Budget</td>
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<tr>
<td>Travel</td>
<td>P10000</td>
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<tr>
<td>Supplies</td>
<td>NS1000</td>
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<tr>
<td>Equipment</td>
<td>NC0000</td>
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<tr>
<td>Innovation</td>
<td>NC0000</td>
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<tr>
<td>Total Budget</td>
<td>P70000</td>
<td></td>
<td></td>
<td></td>
<td>P71,599</td>
</tr>
</tbody>
</table>

Compliance:
- Human Subjects: X No, ☑ Yes
- Animal Subjects: ☑ No, X Yes
- Radiation: X No, ☑ Yes
- Biohazard: ☑ No, X Yes

GSU Foundation Contact:

For assistance with Grants and Contracts budget requests, amendments, speed types, and extension of budget periods, please contact Jeffrey Pointer, GSU Budget Manager at (404) 413-2943, jpointer@gsu.edu

Approvals:

Printed Name of Requestor: [Name]

Date: [Date]

Requestor's Signature: [Signature]

Date: [Date]

Signature/Approval of Chairperson/Principal: [Name]

Date: [Date]

Signature/Approval of Dean/Title/President: [Name]

Date: [Date]

GSU Reviewed By: [Name]

Date: [Date]

GSU Approved By AVP Finance and Controller: [Name]

Date: [Date]
Georgia State University Foundation

01--Operating- College of A&S

Project Activity

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
<th>Date</th>
<th>Reference</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>020072</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>020072 - Fund for Grad. Research</td>
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<tr>
<td>01-500000</td>
<td>G &amp; C Encumbered Budget</td>
<td>7/31/2012</td>
<td>G&amp;C  roj. # 40017 - 07/12 Exps - Budget Encumbr</td>
<td>$1,221.60</td>
</tr>
<tr>
<td>01-512020</td>
<td>Payroll Tax</td>
<td>7/31/2012</td>
<td>G&amp;C  roj. #GF0040017 - 7/12 Exp. - Ref.#204320</td>
<td>($21.60)</td>
</tr>
<tr>
<td>01-512040</td>
<td>Salaries</td>
<td>7/31/2012</td>
<td>G&amp;C  roj. #GF0040017 - 7/12 Exp. - Ref.#204320</td>
<td>($1,200.00)</td>
</tr>
<tr>
<td>01-500000</td>
<td>G &amp; C Encumbered Budget</td>
<td>8/31/2012</td>
<td>G&amp;C  roj. # 40017 - 08/12 Exps - Budget Encumbr</td>
<td>$1,018.00</td>
</tr>
<tr>
<td>01-512020</td>
<td>Payroll Tax</td>
<td>8/31/2012</td>
<td>G&amp;C  roj. #GF0040017 - 8-12 Exp. - Ref.#207931</td>
<td>($18.00)</td>
</tr>
<tr>
<td>01-512040</td>
<td>Salaries</td>
<td>8/31/2012</td>
<td>G&amp;C  roj. #GF0040017 - 8-12 Exp. - Ref.#207931</td>
<td>($1,000.00)</td>
</tr>
</tbody>
</table>

**Beginning Balance** $46,029.80

**Adjustments to Balance** $0.00

**Ending Balance** $27,810.06

**Totals for 020072:** ($18,219.74)

Shows where the total budget amendment appears in the project activity report once it is posted in Financial Edge.
Do not use Spectrum Report for reconciliation. Shows all transactions for all fiscal years. Must run FE report.

(In this example, the $1,000 salary payment that was posted on the project activity report on 8/31/12 has been posted to Spectrum. However, all salary transactions from previous years are also there as well.)