

California State University, Long Beach

REQUEST FOR PAYMENT OF NON-CASH AWARD TO UIVERSITY EMPLOYEE AND SYMPATHY GIFTS

Requestor: _____ **Division/Department:** _____

Payee Name: _____ **Form 204:** On File Attached
 Not Applicable (explain) _____

Amount: \$ _____ (please attach supporting documentation)

Disposition of the Checks Pick-up Mail to: _____

Type of Expenditures: (check one box) Work related Non-Cash Reward Sympathy Gift (see back page)

Funding Source (check appropriate box) General Fund Revenue Fund

Trust Fund (specify) _____ Auxiliary Fund (specify) _____

Name and Title of University Official Presenting the Award _____

Name and Title of Employee Receiving the Award _____
(please attach a separate list if more than one recipient)

Description of Award Presented: (indicate detail and cost below)

Location of Event: _____ **Date of Event:** _____

Work Related Non – Cash Awards

Occasion in which the Award is presented: (check appropriate box)

Retirement Staff/Faculty Service Award (attach a list indicating the names and years of service)

Employee of the Month Employee of the Year Distinguished Faculty

Other (explain) _____

Detail of Awards

<u>Description</u>	<u>Cost</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Cost of Awards	\$ _____

Purchase Order # (if any) _____ **Charge to Account #** _____ **Fiscal Year** _____

(Please see back page for Sympathy Gifts and Exceptions to the Policy)

II. SYMPATHY GIFTS

*Sympathy Gifts should **NOT** be charged to General Fund.*

Details of Sympathy Gifts Given

<u>Description</u>	<u>Cost</u>
_____	\$ _____
_____	\$ _____
Total Sympathy Gifts	\$ _____

Purchase Order # *(if any)* _____ **Charge to Account #** _____ **Fiscal Year** _____

JUSTIFICATION

(Please indicate the occasion in which the sympathy gift was presented, to whom it was given, and relationship to University)

AUTHORIZATION TO PAYAWARDS/SYMPATHY GIFTS

<u>Name</u>	<u>Title</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____	_____

AUTHORIZATION FOR EXCEPTION TO THE POLICY

(Must be at the level of the President or Vice)

Nature of Exception: *(please mark appropriate box)*

- Rate/Cost in Excess of the Authorized Rates
- Other (specify) _____

Justification: *(explain why the exception is necessary to achieve the University Business Objectives)*

<u>Name</u>	<u>Title</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____	_____