

Report Name	Nov 8th Movie Night - De La Cruz Velasquez
Expense Owner	Christine Kelley
Expense Owner ID	ckelle3 / G01227189
Created By	Christine Kelley
Submit Date	Nov 17, 2022
To Be Paid In	USD
Business Purpose	Movie Night hosted by F1rst Gen @ Mason
Employment Status/Payee	Student
End Date	Nov 8, 2022
Reason for Expense	Student - Non-Travel Reimbursement
Payee Student	G01216289-Macarena De La Cruz Velasquez
Start Date	Nov 8, 2022
Destination	



Please place this cover sheet in front of hardcopy receipt pages and then scan or fax to:
 Email: expense@ca1.chromeriver.com Fax: (888) 323-1591

Financial Summary

	Total (USD)
Total Expenses Reported	7.69
Amount Due Expense Owner	7.69

Expense Summary

Expense Type	Total (USD)
NT Student Misc Other	7.69
Total	7.69

Allocation

Allocations Charged	Total (USD)
30511-M12006-90100 University Life /	7.69
University Life / F1rst Gen Patriots / Other Auxiliary Services State	
Total	7.69

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Expense Report

Nov 8th Movie Night - De La Cruz Velasquez

Item	Date	Alert	Cost Code	Type	Disb Amt	Pay Me Amt
1	11/08/2022		74782	NT Student Misc Other	7.69 USD	7.69 USD
Business Purpose Description	Movie Night hosted by F1rst Gen @ Mason Student event supplies f/ Nov 08th Movie Night hosted by F1rst Gen @ Mason (SFB) Receipt Attached:Yes Firm Paid: No					
Allocations	30511-M12006- University Life University Life / F1					7.69 USD
		Expenditure Account Code		Student Event Supplies - 74782		
		Location		EntityValue		



Payment Request Details

BUDGET ITEMS				APPROVAL				PAYMENTS					
Name	Total Funds Needed	Financed By Group	Requested	Approved	Notes			#ID Create Date	Total Payment Requested	From Approved	From Group Funds	Remaining Balance	
Catering/Food Dominos	156.86	0.00	156.86	156.86				#2762994 <div>DRAFT</div> Nov 12, 2022	-163.77	-163.77	0.00	-6.91	
									#2762995 Nov 12, 2022	0.00	0.00	0.00	-6.91
Catering/Food Giant	45.14	0.00	45.14	45.14				#2763002 Nov 12, 2022	-7.69	-7.69	0.00	37.45	
Total	\$202.00	\$0.00	\$202.00	202.00				Total	-\$171.46	-\$171.46	\$0.00	\$30.54	

Budget & Payment Request Details

Transaction ID	2763002	Payment Type	RSO Payment Request
Group Name	F1rst Gen @ Mason	Description	Supplies for Food
Group Type	Registered Student Organizations	Amount From Allocated	-\$7.69
Budget Name	Student Funding Board Budget (2022 - 2023)	Amount From Group Money	\$0.00

RSO Spending Request

PENDING APPROVAL

Select the spending method for your expense. * ☐ Purchase Order (PO) / Purchasing Card (Pcard)

☒ Reimbursement (including Travel)

☐ On-Campus Charging

☐ Honorarium

☐ Journal Voucher (JV) Transfer

☐ I have absolutely no idea!

(To learn more about the RSO spending methods, please review the [Fiscal Management: Spending](#) video or refer to the [RSO Spending Methods](#) cheat sheet.)

Reimbursement Request Form

PURPOSE: To request a reimbursement for an out-of-pocket expense, including travel.

INSTRUCTIONS: Fill out and submit this spending request along with copies of the itemized receipt(s) *within 45 days* of the purchase or travel return date. The reimbursement payment will be sent via direct deposit or mailed to the payee's current address in Patriot Web. (For more information, search "reimbursement" on the [RSO Self-Service Center](#).)

ADDITIONAL INFORMATION:

- Only Mason faculty, staff, and students may seek reimbursement.

- Virginia sales tax is not reimbursable; therefore, you will need to obtain (from sibudget@gmu.edu) a copy of Mason's tax-exempt certificate to provide to the vendor upon payment/checkout.
- Prohibited items (i.e., alcohol, gifts, gift cards, personal items, etc.) are not reimbursable.
- The credit card receipt is not considered an itemized receipt.
- If your receipt does not clearly show payment details, then you will need to submit additional proof of payment (i.e., a copy of the front and back sides of a cashed check or a copy of the credit card or bank statement, showing the charge for the transaction).
- The purchase of promotional items, printing, and t-shirts must be done through a university-approved vendor. (Search "approved vendors" on the [RSO Self-Service Center](#) for a list of vendors approved by Mason.)
- Due to tax implications, RSO members must pay for their own travel expenses (including conference registration fees) and seek reimbursement afterwards. **WARNING:** Reimbursement requests submitted for group travel expenses will be denied. (For more information, search "travel" on the [RSO Self-Service Center](#).)
- Each payee must fill out a separate reimbursement request form.

Is the reimbursement for travel? *

☐ Yes

☒ No

Is the reimbursement for an event? *

☒ Yes

☐ No

Payee Information

Payee Name * Macerena De La Cruz Velasquez

This is the name of the RSO member who paid for the expense(s) and/or traveled.

G Number * G01216289

Payee's Mason ID number (Only Mason faculty, staff, and students may seek reimbursement.)

Is the payee currently employed by Mason as faculty, staff, or graduate assistant? *

☐ Yes

☒ No

If "yes", please email sibudget@gmu.edu for additional reimbursement instructions.

Event Information

Event Name * First Gen Week: Movie Night

Event Date * 08 Nov 2022

Event Time * 4:00PM - 5:30PM

Event Description * Join us in watch A Walk in My Shoes to learn about the different perspectives of First Generation College Students!

Event Location JC Room C

Required if the reimbursement is for food, beverages, or catering.

Number of Attendees 30

Required if the reimbursement is for food, beverages, or catering.

RSO Information

RSO Name * F1st Gen @ Mason

Organization Code * M12006

Are you the RSO President or Treasurer? *

☒ Yes

☐ No

NOTE: The RSO President or Treasurer must approve all reimbursement requests. If you are not the President or Treasurer, please allow for additional processing time.

Funding Information

Please specify the funding source(s).

Student Funding Board (SFB) * \$7.69

Specify the amount of the SFB allocation for this expense. (List "\$0" if SGR is paying for the entire cost.)

Self-Generated Revenue (SGR) * \$0

Specify the amount of SGR for this expense. (List "\$0" if SFB funding is paying for the entire cost.)

Total Reimbursement Amount * \$7.69

Enter the total reimbursement amount (i.e., SFB allocation + SGR amount).

Is another RSO contributing funds to the cost of this expense? *

☐ Yes

☒ No

Attach itemized receipt(s). *

 Upload file

[Screen_Shot_20221110_at_113304_AM.png](#) (Delete)