



Texas 4-H Youth Development Foundation

Financial Policy Manual

2023 Update



TEXAS A&M
AGRI
LIFE
EXTENSION



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Accounting Timeline

In order to provide the best customer service the Foundation has established the following timeline regarding accounting processes.

Income

Donation/Sponsorship Deposits will be deposited upon receipt at the Foundation. A notification for checks received at the Foundation without an existing FormSite request will be sent within 2 business days of receipt. FormSite requests must be submitted within 5 business days of notification.

Expenses

Bills/Invoices, for example Extension Mileage, received at the Foundation will be sent to the Department Manager within 2 business days. Payment requests must be submitted within 5 business days via FormSite.

Checks will be disbursed within 30 business days of receipt of payment request.

Travel Reimbursements must be submitted within 5 business days of return via FormSite.

Fee payment requests must be submitted within 5 business days of receipt via FormSite.

Reconciliations

Departmental Financials will be sent by the 6th business day of the month. **Balance Certification** must be submitted within 10 business days of receipt of the departmental report

JANUARY						
1 Financials Sent	2	3	4	5 Credit Card Statements Posted	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20 Wells Fargo Payment, Balance Cert. Due	21
22	23	24	25	26	27	28
29	30	31				

Please note that dates are subject to change due to fiscal year and/or holidays.

Accounting Checklist

The following is a list of various accounting requests and the forms/supporting documents needed for those requests. This is intended to be a quick reference guide. For more detail, please refer to the step-by-step instructions.

Donation/Sponsorship Deposits

- Program Deposit Form
- Copy of check and check receipt(s), cash receipt(s), print out from PayPal/Square

Payment Requests

- Payment Request Form
- Copy of invoice/bill or receipt.

Professional/Contractual Services Payments

- Payment Request Form
- Copy of invoice/bill or receipt
- Professional/Contractual Services Agreement (must be received via mail at the Foundation before payment will be made.)
- Form W-9 - required to be submitted with the Contractual Services Agreement.

Travel Reimbursements

- Payment Request Form
- Travel Reimbursement Form
- Copy of receipts (include a map from MapQuest or Google Map for mileage)

Fees Statement

- Signed Invoice for Fees report.

Accounting Glossary

Below are definitions of terms that will be used throughout this manual.

- **5 Ws**—Who, What, When, Where, and Why. All expenses should include support to describe each W.
- **Department**—Your Department is your District number or Program name.
- **Management Fee**—This fee is assessed on all monies processed through the Foundation. This fee covers costs incurred by the Foundation to manage and process all requests.
- **Reconcile/Reconciliation**—To check your financials against the Foundation financials to verify accuracy. Depending on your accounting method you may be able to use a reconciliation feature.

Program Deposit Instructions

(Highly Encouraged but not Required)

These instructions will be used to request all program deposits.

- Donation/Sponsorship/Grant deposits will not be processed until the check is physically at the Foundation. The reference number will be left blank until the appropriate documentation has been submitted via FormSite.

Step 1: Download the Program Deposit Form

Download the Program Deposit Form as shown below, which can be found on the Texas 4-H Foundation website or at <https://texas4hfoundation.org/wp-content/uploads/2021/04/FORM-Deposit-Form.pdf>.

Step 2: Completing the Form

Date: The date you submitted the form.

Person Submitting Request: Person to contact should there be questions about the request.

Contact Phone Number: Phone number of the person to contact should there be questions about the request.

Department: This will be the department in which the funds will be deposited.

Event: The event name will be used in the deposit memo in your financial statements.

Amount Deposited: Total amount to be deposited.

Special Instructions: Any other information you wish to provide regarding this deposit. This will not be used in your statements but will be kept for internal purposes.

Texas 4-H Youth Development Foundation
P.O. Box 11020
College Station, Texas 77842-1020

Ref # _____

PROGRAM DEPOSIT FORM
Revised: March 2016

Date: _____
Person Submitting Request: _____
Contact Phone Number: _____

Department: _____
Event: _____
Amount Deposited: _____
Special Instructions: _____

PLEASE CHECK THE APPROPRIATE BOX? Donation Sponsorship Grant

CHECKS

Total number of checks	_____
Total dollar amount of checks	_____

CREDIT CARD: SQUARE/PAYPAL

Total amount of deposit (before fees)	_____
Total amount of Square/PayPal fees	_____
Net amount of deposit (after fees)	_____

CASH

Denomination	No. of Bills	Denomination Total
\$100.00	_____	_____
\$50.00	_____	_____
\$20.00	_____	_____
\$10.00	_____	_____
\$5.00	_____	_____
\$1.00	_____	_____
Coins	_____	_____
Total dollar amount of cash		_____

*Include transaction details for Square/PayPal deposits.

(For Office Use Only)
Received by: _____
Verified by: _____
Date: _____

Step 3: Submit via FormSite

Submit your Program deposit via FormSite at <https://fs23.formsite.com/YVsLnb/utgcj197do/login>. Please see FormSite Instructions for assistance.

Expense Overview

Instructions for processing expense-related activity can be found in this section of your manual. Please refer to the step-by-step guides to answer questions you may have regarding these processes.

The Texas 4-H Foundation is a tax-exempt entity. Our organization may buy items free of sales tax if the items are purchased to further our exempt purposes. **All vendors should be provided with a copy of the Sales Tax Exemption Certificate prior to purchase.**

Payment Requests - All payment requests must include receipts, invoices, or other support documentation such as a Professional/Contractual Services Agreement or Travel Reimbursement Form, where applicable. Payment requests will be processed within **30 days** of upload via FormSite.

- **Professional/Contractual Services Payments**— The Professional/Contractual Services Agreement must be received via mail or fax at the Foundation before payment will be made. A W-9 is also required to be submitted with the Contractual Services Agreement.
- **Travel Reimbursements** - This form is used when personal funds were used for business travel expenses.

Wells Fargo Credit Card – Wells Fargo Statement printed from Wells Fargo Online, Expenditure Detail Report, and copies of all itemized receipts are required.

- Statements posted to Wells Fargo after the 5th of the month.
- Submit Credit Card Payment Request via FormSite by the 20th of the month.
- **Affidavit of Lost Receipt** - If two or more receipts/ supporting documentation are lost in one month, the cardholder will be given a warning. If this occurs in two consecutive months or more than three times in one fiscal year, the Cardholder's access may be suspended and reviewed. Potential misuse will result in deactivation of the cardholder's account.

Request to Transfer Funds - This form is used to request funds be transferred from one Department to another Department.

Helpful Tips

Receipt Management

- ⇒ Take a picture with your Smartphone of receipts when traveling.
- ⇒ Remember to request the copy of the detail receipt from restaurants as well as a copy of the signed CC receipt. Write tip information on your copy.
- ⇒ Make copies of the receipts and file them in a folder so will be easy to match receipts with credit card statements.
- ⇒ If the receipt is unavailable, take a picture with your phone of information that will be helpful to backup the business expense. (Example: The gas pump is out of paper so take a picture of the pump showing your total.)

Contractual Services Agreement

- ⇒ Start the process of seeking the contractor's information early since the forms need to be mailed.
- ⇒ Prepare the Payment Request and upload to FormSite. Note: It is pending receipt of the Professional/ Contractual Services Agreement in the mail.

Sales Tax Instructions

The Texas 4-H Youth Development Foundation has a sales tax exemption which is reflected on the updated Texas Sales and Use Tax Exemption Certification form. The exemption certificate is proof that the taxable item was purchased by an exempt organization or for exempt use.

Our organization may buy items tax free, if the items are purchased to further our exempt purpose. When you use the assigned Wells Fargo Credit Card to make your business-related purchases, you will need to provide the vendor a copy of this certificate for each purchase. The certificate accompanying your Wells Fargo Credit Card provides the vendor assurance that you represent a sales tax exempt organization. The Wells Fargo Credit Card includes insignia on the face of the card to signify you represent our organization.

According to the Texas Comptroller of Public Accounts, if you choose to use your personal credit card to make business-related purchases accompanied by the certification, the vendor is not obligated to recognize you for sales tax exemption. This certification for exemption does not apply to hotel tax related to Foundation funds.

Due to Texas Sales Tax requirements, the sale of merchandise such as materials, hats, t-shirts, etc. must be part of the registration fee for all participants so that it is not considered a "sale" item. We are not in the business of selling merchandise. If anyone should conduct sales separate from registration, this could put our exempt status in jeopardy.

Step 1: Download the Sales Tax Exemption Certification Form.

Download the Sales Tax Exemption Certification Form, which can be found on the Texas 4-H Foundation's website or at <https://texas4hfoundation.org/wp-content/uploads/2021/04/Tax-Exemption-Form.pdf>.

Step 2: Completing the Form

The **RED** portion of the form is populated for you. Type in the seller name and address onto the form before you print the form. Print the form and then you as the purchaser will sign and date it the area shown in **BLUE**. Please include your title on the form as well.

Seller: Vendor where you are making the purchase

Address: Address of vendor where purchase is being made

City, State, ZIP code: Same as above

Description: Brief explanation of item requesting exemption.
(Example: Office Supplies, Catering, Apparel)

Step 3: Using the Form

Present the completed form to the cashier before you check out at the register. Before you leave the cashier area, review your receipt to verify the cashier did not charge you sales tax on your purchase. It is easier to correct the sales tax charge before you leave the store.

01-2019 (Back)
(Rev. 9-24-18)

CLEAR FORM

TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION

Name of purchaser, firm or agency
Texas 4-H Youth Development Foundation

Address (Street & number, P. O. Box or Route number) Phone (Area code and number)
PO Box 11020 979-845-1213

City, State, ZIP code
College Station, TX 77842-1020

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:

Seller: _____

Street address: _____ City, State, ZIP code: _____

Description of items to be purchased or on the attached order or invoice:

Purchaser claims this exemption for the following reason:
Texas 4-H Youth Development Foundation is a charitable 501(c)(3) organization.
Sales Tax Exemption Number: 17460911476 per Texas Comptroller of Public Accounts.
IRS Employer Identification Number: 74-6091147.

I understand that I will be liable for payment of sales or use taxes which may become due for failure to comply with the provisions of the Tax Code, Limited Sales, Excises, and Use Tax Act; Municipal Sales and Use Tax Act; Sales and Use Taxes for Special Purpose Taxing Authorities; County Sales and Use Tax Act; County Health Services Sales and Use Tax; The Texas Health and Safety Code; Special Provisions Relating to Hospital Districts, Emergency Services Districts, and Emergency Services Districts in counties with a population of 125,000 or less.

I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate and, depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

Purchaser Title Date
sign here

NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.
THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.
Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts.

Payment Requests

The Program Payment Request Form will be submitted when requesting a physical check. This form must also accompany all Travel Reimbursement Requests and all Professional/Contractual Services Payments. (Note: All requests will be paid on a 30-day net basis)

Step 1: Download the Program Payment Request Form

Download the Program Payment Request Form which can be found on our website under County and District Resources or at <https://texas4hfoundation.org/wp-content/uploads/2022/08/Payment-Request-Form.pdf>.

Step 2: Completing the Form

Date: The date you submitted the form.

Person Submitting Request: Person to contact should there be questions about the request.

Contact Phone Number: Phone number of the person to contact should there be questions about the request.

Type of Request: Select if you are a 4-H Faculty or a County Extension Agent.

Department: This will be the department from which the funds will be withdrawn.

County: If you are submitting as a County Extension Agent, state which county you are submitting for.

Amount Payable: Amount to be paid.

Memo: Key information such as the invoice number to print on the check.

Make Check Payable to: Record to whom the check will be made payable.

Payee's Address: The address of where the check should be mailed. All checks need address information, even if not mailed directly.

Payee's City/State/Zip: same as above

Special Instructions: Let us know if we DO NOT need to mail to the address above. If not mailing directly, specify where the payment needs to be sent. Also, specify additional items that need to be mailed/attached with the check (Example: invoice, reports, etc)

Event Name/Expense Detail: This information will appear on the Expense Detail Report in Quickbooks. List the event name and brief information about the expense.

Explanation of Expenditure: Descriptions must include the 5-W's: Who, What, When, Where and Why. (Example: Awards for the D2 Livestock Judging Contest held August 5, 2023 in Lubbock) **Provide proper backup documentation such as copies of receipts and invoices.** If submitted for contract labor, a Professional/Contractual Services Agreement Form and W-9 must be included. If for reimbursement of personal funds used for business expenses on a business trip, the Travel Reimbursement Form must be included. These forms can all be found on the Texas 4-H Foundation website or at <https://texas4hfoundation.org/wp-content/uploads/2023/02/FORM-Travel-Reimbursement.pdf>.

Texas 4-H Youth Development Foundation
P.O. Box 11020
College Station, Texas 77842-1020

PAYMENT REQUEST FORM
Revised: August 2022

Date: _____
Person Submitting Request: _____
Contact Phone Number: _____
Contact Email: _____
Type of Request (check one):
4-H Faculty
County Extension Agent
Department (4-H Faculty Only): _____
County (CEA Only): _____
Amount Payable: _____
MEMO (to appear on check stub): _____
Make check payable to: _____
Payee's address: _____
Payee's city/state/zip: _____
SPECIAL INSTRUCTIONS
If not mailing direct, return to: _____
Event Name/Expense Detail: _____
Explanation of Expenditure*: _____
(For internal use only)

*Attach copies of bills, invoices, receipts, and/or vouchers. (If copies are not available, a signed affidavit of cost and justification will be required).

Signature of Department/County Manager, verifies adequate and proper use of funds. Date _____

Signature of Foundation CEO, verifies compliance with contracts/agreements. Date _____

Signature of Department Manager: Signature of Department Manager who is responsible for oversight and reconciliation of the department account.

Signature of Foundation CEO: Signature of Foundation CEO, verifying funds are available for transaction processing. This will be done via FormSite

Step 3: Submit via Formsite

Submit your payment request via FormSite at CEA- <https://fs23.formsite.com/YVsLnb/u63vklhygj/login> or Programs- <https://fs23.formsite.com/YVsLnb/utgcj197do/login> Please see FormSite instructions (**Appendix A**) for assistance.

Professional/Contractual Services Payment Request

A Professional/Contractual Services Agreement is required each time a person is hired to perform a service to 4-H and is paid through the Department accounts held at the Foundation. Examples of form use include judging an event, providing livestock for horse show, speakers, quiz development, etc. A W-9 for that individual is required annually and will be kept on file at the Foundation.

Step 1: Download the Professional/Contractual Services Agreement

Download the Professional/Contractual Services Agreement which can be found on the Texas 4-H Foundation's website or at <https://texas4hfoundation.org/wp-content/uploads/2021/04/FORM-ProfessionalContractual-Services.pdf>.

Step 2: Completing the Form

Department Manager's Name: Person to contact should there be questions about the request.

Contact Phone Number: Phone number of person to contact should there be questions about the request.

Professional/Contractual Service Provider: Name of individual or company that you are contracting.

Social Security or Federal ID Number: This is required on all contractual service agreements. Should the individual/company be paid \$600 or more a 1099-MISC will be issued the following tax year.


Mailing Address: Address of the individual/company contracted.

City, State & Zip: Location of the individual/company contracted.

Description of Services to be Performed: Description must include the 5-W's: Who, What, When, Where and Why. (Example: Speaker for Leadership Lab held August 5-6, 2014 at Brownwood.)

Dates of Services to be performed: Date of actual work (Example: August 6, 2016)

Dollar Amount of Services: Amount they will be paid. Provide justification for wage amount.

 Texas 4-H Youth Development Foundation P.O. Box 11020 College Station, Texas 77842-1020		Ref # _____
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> FORM AND W-9 MUST BE MAILED OR FAXED TO THE FOUNDATION (DO NOT TRANSMIT VIA EMAIL) </div>		
PROFESSIONAL/CONTRACTUAL SERVICES AGREEMENT <small>Revised: March 2016</small>		
Department Manager's Name:	<input type="text"/>	
Department Manager's Title:	<input type="text"/>	
Professional/Contractual Service Provider:	<input type="text"/>	
Social Security or Federal ID Number:	<input type="text"/>	
Mailing Address:	<input type="text"/>	
City, State, & Zip:	<input type="text"/>	
Description of Services to be Performed:	<input type="text"/>	
Date(s) of Services to be Performed:	<input type="text"/>	
Dollar Amount of Services:	<input type="text"/>	
<small>These services will be performed either by me or other persons employed by me. I further understand, agree and verify that:</small> <ol style="list-style-type: none"> Neither I, nor any person employed by me, will be subject to Worker's Compensation Insurance Act for the Texas 4-H Youth Development Foundation, the Texas A&M AgriLife Extension, Texas A&M University, or The Texas A&M University System. Neither I, nor any person employed by me, is entitled to benefits of Unemployment Compensation from the Texas 4-H Youth Development Foundation, the Texas A&M AgriLife Extension, Texas A&M University or The Texas A&M University System, nor any officer, director, or employee thereof. I have voluntarily assumed all risk of injury and accident in connection with the activities I, or other persons employed by me, have undertaken. No FDIC (withholding), social security benefits, medical coverage, or any other insurance benefits will be provided for me or any other person employed by me under this agreement. I will receive a 1099 MISC from the Texas 4-H Foundation if my income meets or exceeds \$600 in one calendar year. 		
Signature of Professional/Contractual Services Provider:	<input type="text"/>	Date
Signature of Department Manager, verifies adequate account of funds and proper use of funds.	<input type="text"/>	Date
Signature of Foundation Executive Director, verifies fiscal accuracy.	<input type="text"/>	Date
<small>*Initial Contracts must include a completed W-9 to receive payment.</small>		

Step 3: Mail the Form

The Professional/Contractual Services Agreement must be mailed to the Foundation at the address on the form. **DO NOT SUBMIT ELECTRONICALLY.** A completed W9 must be mailed with this form. No payment will be issued until the form has been received at the Foundation. Updated W9 can be found on the State 4-H website or from the IRS website directly.

Step 4: Prepare Payment Request Form *(see Payment Request instructions)*

Step 5: Submit via FormSite

Submit your payment request via FormSite at CEA- <https://fs23.formsite.com/YVsLnb/u63vklhygj/login> or Programs- <https://fs23.formsite.com/YVsLnb/utgcj197do/login> Please see FormSite instructions (**Appendix A**) for assistance.

Travel Reimbursement Form

A Travel Reimbursement Form must be submitted when personal funds are used for business expenses on a business trip.

Step 1: Download the Travel Reimbursement Form

Download the Travel Reimbursement Form, which can be on the Texas 4-H Foundation's website or at <https://texas4hfoundation.org/wp-content/uploads/2023/02/FORM-Travel-Reimbursement.pdf>.

Step 2: Complete the Form

Requestor's Name: The person who will be requesting personal reimbursement.

Requestor's Address: The address of the person requesting reimbursement.

Requestor's City/State/Zip: Location of the person requesting reimbursement.

Location of Meeting: Where the meeting was held for which you are requesting reimbursement.

Date Departed: The date you left for the meeting.

Date Returned: The date you returned from the meeting.

Purpose of the Meeting: Description must include the **5-W's: Who, What, When, Where and Why.** (Example: Attending the State Fair of Texas to assist with the National Food Challenge Contest held September 12-13, 2023).

Personal Mileage: Use of personal auto for business travel. Notate the city of which you departed and arrived. List each leg of the trip and miles. You may calculate the number of miles traveled by using the vehicle odometer reading or a mapping website (e.g. Google Maps). Please attach the supporting documentation. Note: The federal mileage rate is updated annually, so please ensure you are using the most up-to-date version of this form, as found on the State 4-H website above.

Lodging: List the number of nights and room rate per each night stay. Please attach a copy of the hotel bill for support documentation.

Meals: List the total number of meals you claimed. Please attach copies of detailed receipts for each meal. Please list names of individuals, included in payment, (if 10 or less individuals) on the detailed meal receipt. For receipts for 10 or more individuals, you can indicate description of function and number of individuals in attendance. (Example: 50 people for Livestock Judging Contest or 25 volunteers).

Registration: List the number of people included in registration and the amount of registration fee. Please attach a copy of support documentation, such as the registration receipt.

Ground Transportation: Fees associated with ground transportation options, such as taxi, limousine, bus, metro services. Please attach a copy of detailed receipts.

Airfare: List the fees for airfare associated with the business travel. Please attach a copy of detailed receipt.

Additional Travel Expenses: Other fees not listed associated with your travel. Please attach a copy of detailed receipts.

Total : Add up all expense categories and put your total in this box.

Signature of Person Submitting: Signature of person submitting request.

Step 4: Prepare Payment Request Form *(see Payment Request instructions)*

Step 5: Submit via FormSite

Submit your payment request via FormSite at CEA- <https://fs23.formsite.com/YVsLnb/u63vklhygj/login> or Programs- <https://fs23.formsite.com/YVsLnb/utgcj197do/login> Please see FormSite instructions (**Appendix A**) for assistance.

Wells Fargo Credit Card Instructions

These instructions will be used to file your monthly Wells Fargo Credit Card activity. Statements end on the 3rd of the month and are available by the 5th of the month. You will need to submit your Credit Card Payment Request to the Foundation via FormSite by the **20th of the month**. **DO NOT SUBMIT ANY RECEIPTS WITHOUT YOUR STATEMENT.** Your receipts submitted must match the statement period. Do not include future receipts for the next statement period. If your payment request has not been submitted to the Foundation by the 20th of the month the card could possibly be suspended. Please contact us if you have extenuating circumstances.

New Late credit card receipts policy:

After 30 days – reminder will be sent to faculty.

After 60 days – a reminder will be sent to faculty and program director.

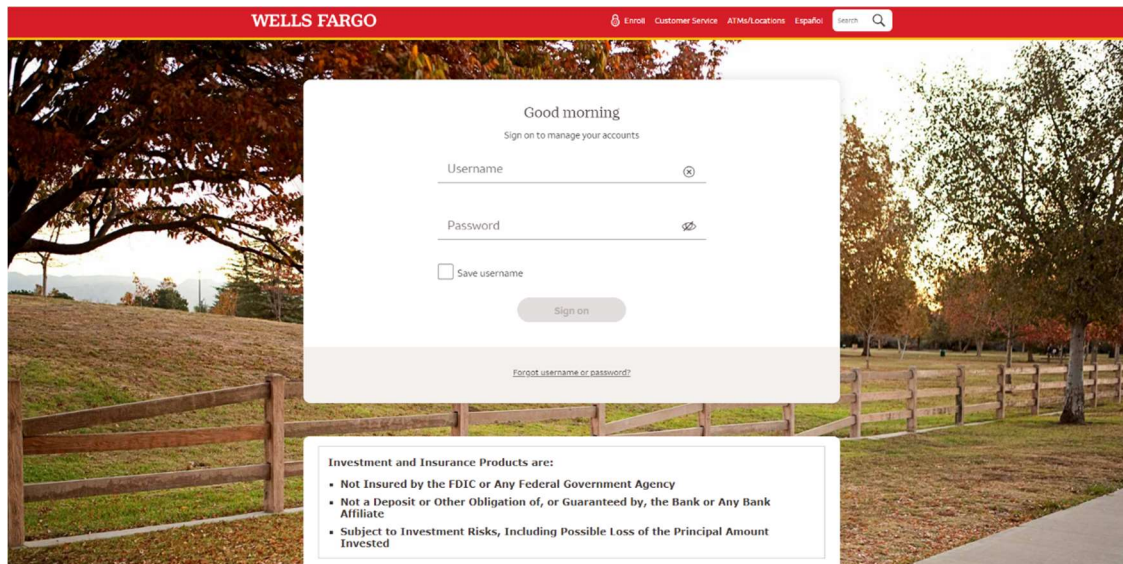
After 90 days - Credit card will be suspended

Step 1: Create your login.

Whenever you receive your credit card in the mail, please contact the Foundation in order to set up a login where you can receive your monthly statements.

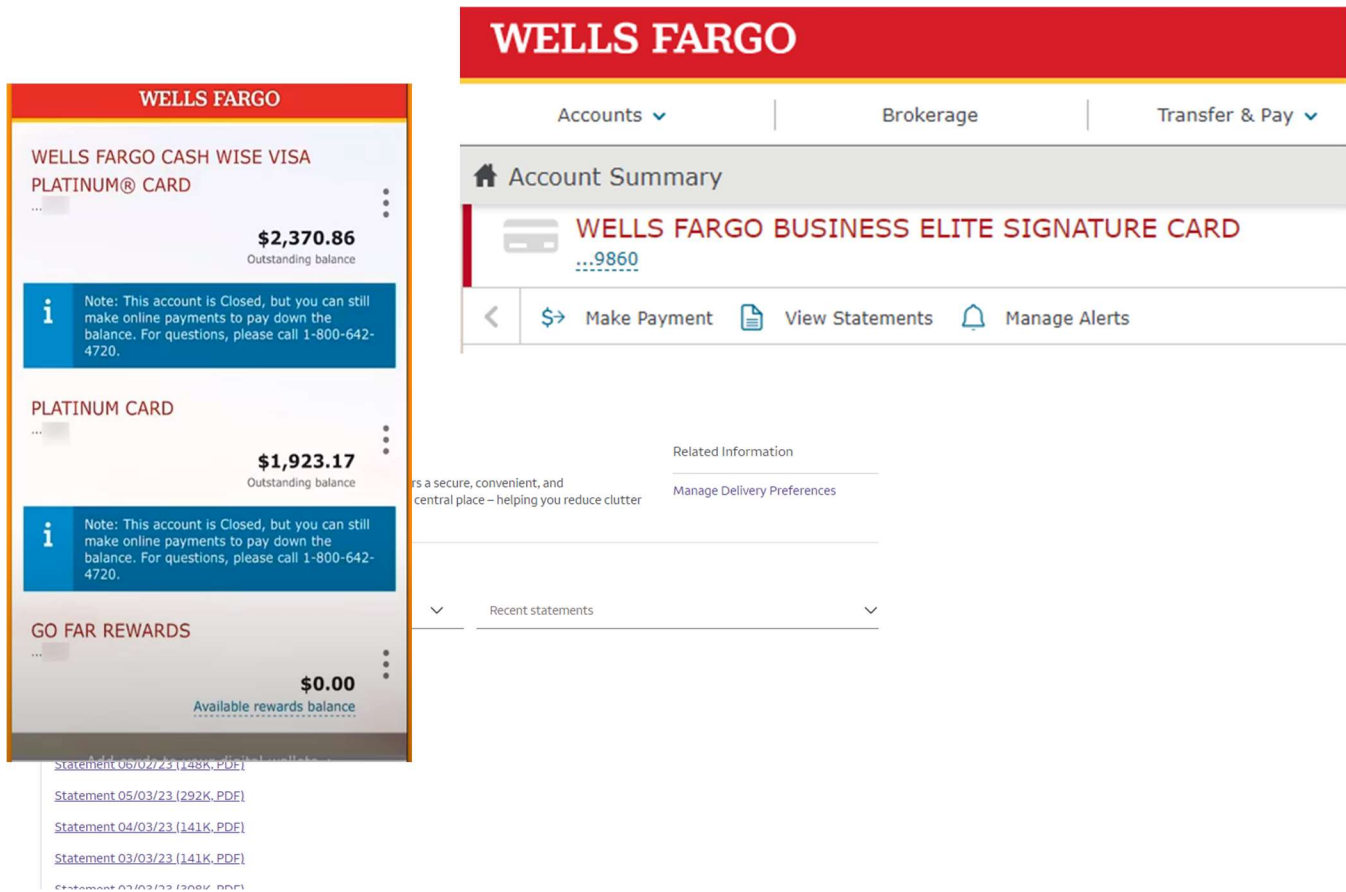
Step 2: Log in

Go to <https://connect.secure.wellsfargo.com/auth/login/present?origin=cob&LOB=CONS> and log in using the User ID and Password you just established.



Step 3: Viewing and Printing Card Activity

Once logged in, you should be directed to the homepage. Click on the card you want to view the statement for. Then, click on View Statements. Next, click on the statement you want to submit a request for. You can then download for later use.



Step 4: Complete Wells Fargo Credit Card Expenditure Detail

To help prepare the Wells Fargo Credit Card Expenditure Detail download your statement. Then, open an Excel or Google Sheets. In the first column, put your expense type. (EX. Donor Development). Then, place the date in the second column and the vendor in the third column. (NOTE: this must match your statement). Next, place a description of what was purchased. This can be where you purchased it, such as lunch in a certain town or purchasing shirts for your staff. Then, put the amount of the transaction. Lastly, put the purpose of your transaction in the last column. Descriptions must include the 5-W's: Who, What, When, Where, and Why. (Example: Purchased stamps for Foundation mailing of Christmas Cards to Board members and donors.) This should all add up to the statement balance.

Expense Type	Date	Vendor	Description	Amount	Purpose of Transaction
Donor Development	5/14/2023	Gringos	College Station, TX	\$ 52.33	Secure Donors for 2023 Gala
			Total:	\$ 52.33	
		ending 3/3/23	Statement Balance:	\$ 8,800.44	
			Total:	\$ 52.33	
			Difference:	\$ 8,748.11	

Match your receipts for the month's activity. We do not need the original receipts, copies are acceptable. **ALL receipts must be itemized.** If you do not have a receipt to match the statement, you **MUST** fill out an Affidavit of Expenditure Forms.

Step 5: Download the Credit Card Payment Request Form

Download the CC Payment Request Form which can be found on the Texas 4-H Foundation's website or at <https://texas4hfoundation.org/wp-content/uploads/2023/05/Update-Credit-Card-Form-5-25.pdf>.

Step 6: Completing the Form

Date: Date you submitted the form.

Person Submitting Request: Person to contact should there be questions about the request.

Contact Phone Number: Phone number of person to contact should there be questions about the request.

Name of Cardholder: Person whose card was used.

Total Statement Balance: Total expenses for the statement in question.

Partial Submission Information: If you have something that was charged to your Credit Card but is an expense of another Department, please note that in this box. *All amounts here should sum to Total Statement Balance.*

Explanation of Expenditure: This area is pre-filled. Use this to double-check that all necessary support documentation has been included.

Signature of Cardholder: Signature of the Cardholder.

Signature of Department Manager: This signature is only necessary if the Cardholder is not the Department Manager of the Department specified in the form.

The form is titled "CREDIT CARD PAYMENT REQUEST FORM" and is revised as of May 2023. It includes the following sections:

- Header:** Texas 4-H Youth Development Foundation, P.O. Box 11020, College Station, Texas 77842-1020. Reference # []
- Form Fields:**
 - Date: []
 - Person Submitting Request: []
 - Contact Phone Number: []
 - Name of Cardholder: []
 - Total Statement Balance: []
- Programs Table:** A table with columns for Amount \$ and Program. It contains three rows for listing programs.
- Explanation of Expenditure*:**
 - Required attachments:
 - Wells Fargo Statement
 - Wells Fargo Mastercard Expenditure Detail
 - Receipts (ALL Receipts need to be itemized)
 - *Attach copies of bills, invoices, receipts, and/or vouchers. All receipts should add to the total balance statement (if copies are unavailable, a signed affidavit of cost and justification will be required).
- Signatures:**
 - Signature of Cardholder, verifies adequate account and proper use of funds. [] Date []
 - Signature of Department Manager (if different from Cardholder), verifies adequate account and proper use of funds. [] Date []

Step 7: Combining Your Forms

In one PDF, please combine your Credit Card Payment Request Form, Monthly Statement, Expenditure Detail, and **ALL** receipts included in the statement (If you do not have a receipt, you must fill out an Affidavit of Expenditure form. See below for more.)

Step 8: Submitting your Payment Request

Submit your payment request via FormSite at CEA- <https://fs23.formsite.com/YVsLnb/u63vklhygi/login> or Programs- <https://fs23.formsite.com/YVsLnb/utgcj197do/login> Please see FormSite instructions (**Appendix A**) for assistance

Affidavit of Expenditure Form

Step 1: Download the Affidavit of Expenditure Form

Download the Affidavit of Expenditure Form which can be found on the Texas 4-H Foundation's website or at <https://texas4hfoundation.org/wp-content/uploads/2021/04/FORM-Affidavit-of-ExpenditureLost-receipt.pdf>.

Step 2: Completing the Form

IMPORTANT NOTE: If two or more receipts/ supporting documentation are lost in one month, the cardholder will be given a warning. If this occurs in two consecutive months or more than three times in one fiscal year, the Cardholder's access may be suspended and reviewed. Potential misuse will result in deactivation of the cardholder's account.

Date of Expenditure: Date transaction occurred.

Vendor's/Service Provider's Name: Name of the vendor from which the item was purchased.

Vendor's/Service Provider's Address: Address of the vendor

Vendor's/Service Provider's City, State, Zip: Location of vendor.

Department: Department from which the funds will be withdrawn.

Amount of Expenditure: The amount of the purchase.

Reason the Receipt for this Expenditure is Not Available: Explanation of why you do not have a receipt for this purchase. (Example: the parking meter was out of receipt paper and after hours so unable to request a duplicate copy)

Explanation of Expenditure: Descriptions must include the **5-W's: Who, What, When, Where and When** (Example: Awards for the D2 Livestock Judging Contest held August 5, 2023 in Lubbock.)

Person Requesting Reimbursement: Record name, title, address and phone number for the person who lost the receipt.

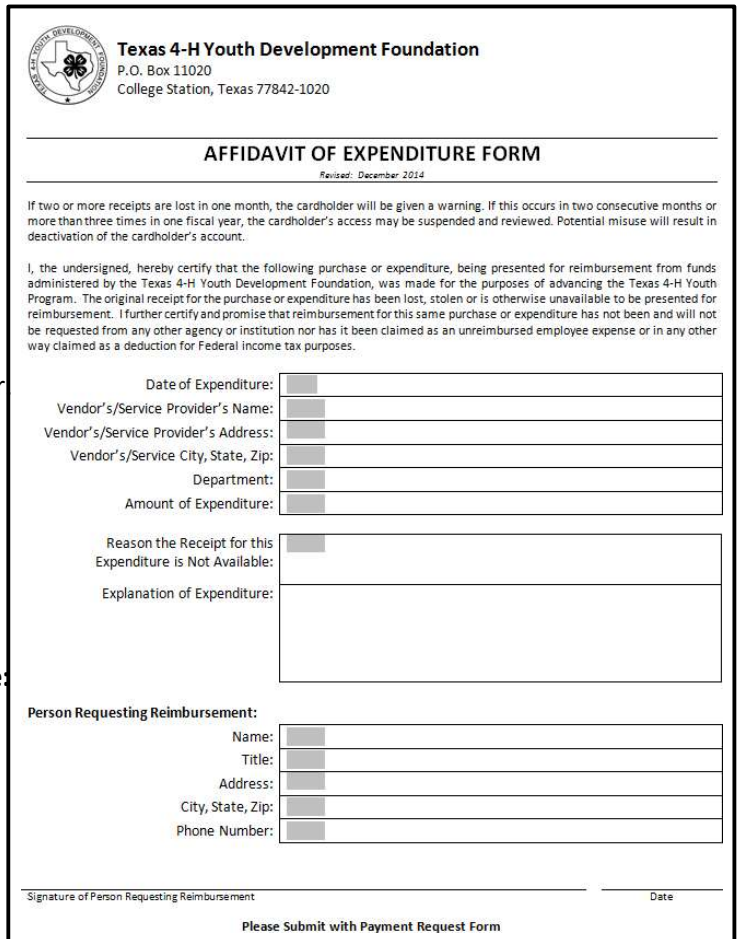
Signature of Person Requesting Reimbursement: Signature of person requesting reimbursement.

Step 3: Submitting the Form

Submit the form as part of a Credit Card Payment Request via FormSite at CEA-

<https://fs23.formsite.com/YVsLnb/u63vklhygj/login> or Programs- <https://fs23.formsite.com/YVsLnb/utgcj197do/login>

Please see FormSite Instructions for assistance. No Payment Request Form is required.



The form is titled "Texas 4-H Youth Development Foundation" and "AFFIDAVIT OF EXPENDITURE FORM". It includes the foundation's logo and contact information: P.O. Box 11020, College Station, Texas 77842-1020. The form is dated "Revised: December 2014".

It contains a warning: "If two or more receipts are lost in one month, the cardholder will be given a warning. If this occurs in two consecutive months or more than three times in one fiscal year, the cardholder's access may be suspended and reviewed. Potential misuse will result in deactivation of the cardholder's account."

The form includes a certification statement: "I, the undersigned, hereby certify that the following purchase or expenditure, being presented for reimbursement from funds administered by the Texas 4-H Youth Development Foundation, was made for the purposes of advancing the Texas 4-H Youth Program. The original receipt for the purchase or expenditure has been lost, stolen or is otherwise unavailable to be presented for reimbursement. I further certify and promise that reimbursement for this same purchase or expenditure has not been and will not be requested from any other agency or institution nor has it been claimed as an unreimbursed employee expense or in any other way claimed as a deduction for Federal income tax purposes."

The form has several fields for data entry:

- Date of Expenditure: []
- Vendor's/Service Provider's Name: []
- Vendor's/Service Provider's Address: []
- Vendor's/Service City, State, Zip: []
- Department: []
- Amount of Expenditure: []
- Reason the Receipt for this Expenditure is Not Available: []
- Explanation of Expenditure: []
- Person Requesting Reimbursement:
 - Name: []
 - Title: []
 - Address: []
 - City, State, Zip: []
 - Phone Number: []

At the bottom, there are lines for "Signature of Person Requesting Reimbursement" and "Date". A note at the bottom says "Please Submit with Payment Request Form".

Request to Transfer Funds

A Request to Transfer Funds should be completed by the Department withdrawing the funds, approved, and then be emailed to the Department Manager receiving funds.

Step 1: Download the Request to Transfer Funds Form

Download the Request to Transfer Funds Form, which can be found on the Texas 4-H Foundation's website or at <https://texas4hfoundation.org/wp-content/uploads/2021/04/FORM-Request-to-Transfer-Funds.pdf>.

Step 2: Completing the Form

Date: The date you submitted the form.

Transfer from Department: The expense side of the transfer request.

Transfer to Department: The income side of the transfer request.


Transfer Amount: The amount to be transferred.

Purpose of this Transfer: Detailed reason why the fund transfer is necessary. (Example: D4 is reimbursing D5 for their portion of the cost of Leadership Lab.)

Signature of Department Manager Transferring Account: Person who authorizes the expense to post to their financial records.

Signature of Department Manager: Person who authorizes the income to post to their financial records.

Signature of State 4-H Program Leader: Once received in FormSite, the Foundation will seek approval of the State 4-H Program leader before processing the transfer.

		Payment Ref # _____
Texas 4-H Youth Development Foundation		Deposit Ref # _____
P.O. Box 11020		
College Station, Texas 77842-1020		
REQUEST TO TRANSFER FUNDS		
<small>Revised: July 2016</small>		
Date:		
Transfer from Department:		
Transfer to Department:		
Transfer Amount:		
Purpose of the Transfer:		
REQUESTED BY:		
Signature of Department Manager Withdrawing Funds, verifies adequate account of funds and proper use of funds.		Date
Signature of Department Manager Receiving Funds, verifies proper use of funds.		Date
Approved by State 4-H Program Leader, verifies compliance with contracts/agreements.		Date

Step 3: Submit via FormSite

The Department RECEIVING the funds will submit the Request to Transfer Funds Form via FormSite at CEA- <https://fs23.formsite.com/YVsLnb/u63vklhygi/login> or Programs- <https://fs23.formsite.com/YVsLnb/utgcj197do/login> and select "Transfer—Deposit Side." The Department SENDING the funds will submit the Request to Transfer Funds Form via FormSite and select "Transfer—Payment Side."

FormSite Instructions

We ask that all payment requests, deposits and transfers be submitted online. We will no longer accept them via email, mail or person-to-person.

Step 1: Login and Create a Login

Go to CEA- <https://fs23.formsite.com/YVsLnb/u63vklhygj/login> or Programs <https://fs23.formsite.com/YVsLnb/utgcj197do/login> to login to your account under *Returning Users*. If you do not already have a login please create a login under *New Users*.

Submissions are only kept for 3 months on formsite from the date submitted. Please make sure to keep a copy of your transactions outside of formsite.

Step 2: Form Completion

Once logged in, select **Start New**. Then select the financial transaction you are performing and the date you are submitting it on.

View your stored results below.

Start New

Reference #	Updated	This request is:	Select the option of submit...
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Logged in as kennedy.hobbs@ag.tamu.edu

Please continue and fill out the form. Answers will be saved in your account.

Texas 4-H Youth Development Foundation Program Financial Request

Select the option of submitting Financial Transactions (payment requests, deposits, transfers or fee statements) to the Foundation for processing. Or select Monthly Balance Certification to submit your balance. *

Financial Transactions
Monthly Balance Certification
Credit Card Payment

2023-07-10

Powered by formsite

Save Progress Next >>

Only One Payment Request /Deposit/Transfer or Monthly Balance Certification can be submitted per session (include support documents such as receipts). Once submitted, each document will be assigned a reference number which will be used for financial tracking.

Step 3: Payment Request/Deposit/Transfer Submission (Monthly Balance Certification skip to Step 4)

Filling out the form:

Email of Person Submitting: Only submit requests on behalf of a department you represent. For example, if D-10 submits a payment request for Roundup, the request must be approved by the Roundup Department Manager.

Department: This will be the department from which the funds will be deposited or withdrawn.

Financial Category: Select the type of transaction you wish to complete.

Amount of Payment/ Deposit: The amount you are submitting the request for. This must match the proper documentation you are providing.

Attachment: You must include the proper Foundation form along with your support documents (Example: check copy, invoice, receipts, etc.)

Deposits Only: Please select the most current status of the funds.

SKIP TO STEP 5

Step 4: Monthly Balance Certification

Each month we will ask that you certify that the end of the month balance on your books matches the balance of your Department’s Check Register report received from the Foundation.

Filling out the form:

Email of Person Submitting: Only submit requests on behalf of a department you represent. For example, if D-10 submits a payment request for Roundup, the request must be approved by the Roundup Department Manager.

Department: Select the Department you are certifying.

Balance: Enter the end of month balance that you are confirming per Department.

Month Certifying: Check the month you are certifying.

Signature: Sign this box using your computer mouse (to the best of your ability) certifying your balances.


Name of the person certifying: Type the name of the person that signed.

Please certify all of the departments you manage in one certification.

Step 5: Submit

Once you have accurately completed your form, click the submit button at the bottom of the form. If properly processed, the window below will appear on your screen. If you need to submit additional documents, at this screen you can do so. You will be REQUIRED to login again at this point. Your reference number is noted on the Submission Complete screen. You may print for your records, if you would like.

Thank you for your submission



Submission Complete. Your reference number is 8023921

DO NOT USE THE BACK BUTTON TO SUBMIT AN ADDITIONAL PAYMENT REQUEST

If you need to submit another request, [click here](#)

Thank you ~ Texas 4-H Foundation Staff

When you login again, you should see the window below that will list all submissions you have completed. Pay special attention to the **REFERENCE #** as this will appear on the memo of your reconciliation reports to help cross reference your request. We recommend saving each upload with a unique name, related to your submission, which will appear in the "ATTACHMENT" column to help you track your submissions.

Reference #	Updated	Select the option of submit...	Date Submitted	Email of person submitting ...	Department	FINANCIAL CATEGORY	Amount of Payment / Deposit	Priority Level (Normal proc...	Please check if payment req...	Attachment	Funds
8023912	2014-12-09 13:06:21	Payment Request / Deposit / Transfer Submission	2014-11-30	jbarrett@aq.tamu.edu	Foundation	Payment Request	140.96		Chase Mastercard	Oct_CC_Slmt.pdf(321k)	
8016795	2014-12-05 10:33:53	Payment Request / Deposit / Transfer Submission	2014-12-05	jbarrett@aq.tamu.edu	Foundation	Payment Request	750.00	RUSH		Foundation_Grant_Crosby_12.5.pdf(1351k)	
8016660	2014-12-05 09:25:44	Payment Request / Deposit / Transfer Submission	2014-12-05	jbarrett@aq.tamu.edu	Foundation	Payment Request	434.40		Mileage	Sept_Mileage.pdf(98k)	
8011361	2014-12-02 11:11:43	Payment Request / Deposit / Transfer Submission	2014-12-02	jbarrett@aq.tamu.edu	Foundation	Non-Connect Deposit	30.00			Fnd_Non-Connect_Deposit_SALE-LE_12.2.14.doc(765k)	Already
8000081	2014-11-24 16:00:39	Payment Request / Deposit / Transfer Submission	2014-11-24	jbarrett@aq.tamu.edu	Foundation	Non-Connect Deposit	296.00			SALE-LE.pdf(72k)	Already
7962504	2014-11-24 16:35:18			jbarrett@aq.tamu.edu	Foundation	Non-Connect Deposit	185.00			Alumni_11.3.14.pdf(157k)	Already

