

CCSU Foundation
Disbursement Order
-OnBase-

Legacy Process

CCSU Foundation, Inc.
PO Box 612, New Britain, CT 06050

Disbursement Order

Rev. 12/2022

Date: _____

TO: Treasurer, CCSU Foundation, Inc.

Please prepare a disbursement in the amount of: _____

Payee: _____

Address: _____

City: _____ State: _____ Zip: _____

Against invoice #: _____ which is attached hereto.

Designated Fund: _____

Purpose: _____

I certify that the above expenditure is properly due, has not been paid, and has been incurred for approved Foundation purposes.

Name of Fund Administrator

Signature of Fund Administrator

Name of Supervisor
(Supervisor's name is required if Payee is the Fund Administrator)

Approval of Supervisor
(Supervisor's signature is required if Payee is the Fund Administrator)

Individuals claiming reimbursements of expenses must submit a Reimbursement of Expense Report with Disbursement Order and attach receipts or other supporting documentation.
Payments of stipends or honoraria must be accompanied by a signed personal services agreement with social security number, invoice or other supporting documentation.

Please send signed Disbursement Order with documentation attached to:
CCSU Foundation Accounts Payable: foundationap@ccsu.edu. Keep a copy for your records.

Prepared By (if different from Fund Administrator)

Phone Number

CCSU Foundation, Inc.

Reimbursement of Expense Report
Rev. 3/2012

This form must be submitted by any individual claiming reimbursement from the CCSU Foundation and submitted along with a completed Disbursement Order. Receipts or other supporting documentation must be attached.

LODGING, MEALS & ENTERTAINMENT

Date(s)	List names of person(s) involved		Meals	Lodging	Total
	Relationship to Foundation activity				
					\$ 0.00
					\$ 0.00
					\$ 0.00
Total Lodging, Meals & Entertainment:					\$ 0.00

TRAVEL

Date(s)	From	To	# of miles	Amount @ \$ per mile	Parking & Tolls	Total
	Relationship to Foundation activity					
						\$ 0.00
						\$ 0.00
						\$ 0.00
Total Travel:						\$ 0.00

OTHER EXPENSES

Date(s)	Description of expense		Total
	Relationship to Foundation activity		
Total Other Expenses:			\$ 0.00

Report Total: \$ 0.00

Date: _____

I certify that the above expenditures have been incurred for approved Foundation purposes, are properly due, and have not been reimbursed from other sources.

Print Name: _____ Signature: _____

The Process

1. **Requester** completes online form (including uploading supporting documentation)
 - a. Requester receives confirmation email with Request ID and Amount
 - b. Once submitted, Requester sections are locked from editing (unless returned for changes)
 - c. If returned for changes, Requester receives email containing link to form with ability to update

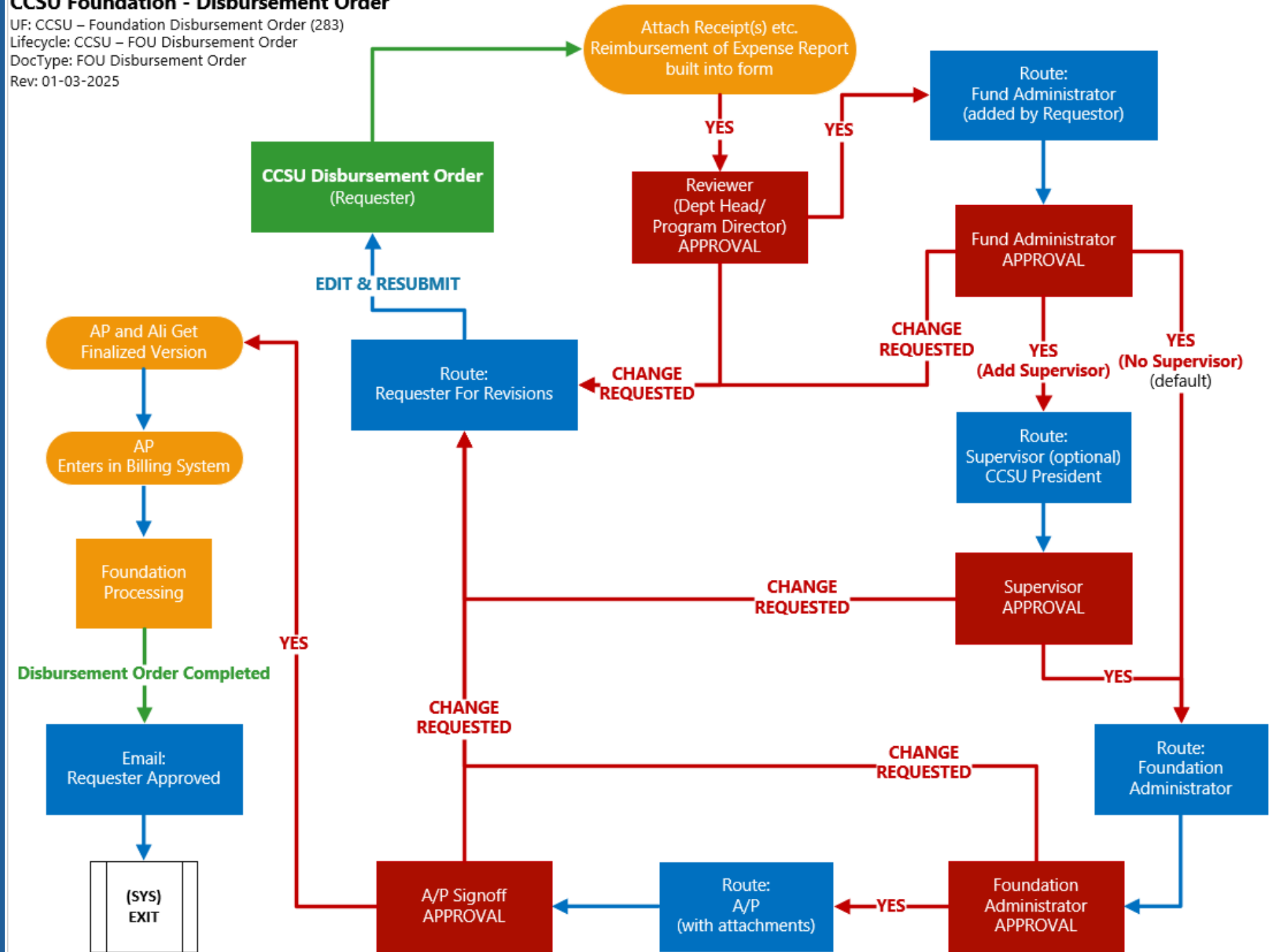
2. **All approvers** receive email including link to form to Approve, Return for Changes, or Deny
 - Reviewer *(If Reviewer and Fund Administrator are the same, skip to Fund Administrator)*
 - Fund Administrator
 - Supervisor
 - Foundation Administrator
 - Accounts Payable

3. **Requester** receives email once process is completed, indicating if Approved or Denied with attached documentation

Workflow

CCSU Foundation - Disbursement Order

UF: CCSU – Foundation Disbursement Order (283)
Lifecycle: CCSU – FOU Disbursement Order
DocType: FOU Disbursement Order
Rev: 01-03-2025



Approval Process

Requester

Any University Staff Member

Reviewer

Department Head, Program Director

Fund Administrator

VP, Dean

Supervisor (only specific cases)

University President

Foundation Administrator

Review for AP Processing

Accounts Payable

Outside Agency

The Form

Be Prepared With:

- Foundation Fund Name and Number
- Banner Index (if applicable)
- W-9 (if applicable)
- Names and Emails of Approvers
- Dates and Amounts
- Supporting Documentation (PDF)

15-20 Minute Timeout Period

Compliance Agreement



CCSU Foundation – Disbursement Order

Central Connecticut State University (hereinafter “Central” or “University”) and The CCSU Foundation, Inc., (hereinafter “Foundation”) are committed to maintaining financial integrity and accountability in the management and approval of Central’s and the Foundation’s funds expended in furtherance of the University’s mission.

To provide a clear framework for managing and approving expenses, ensuring transparency, accountability, and compliance with applicable laws, the Foundation in collaboration with Central has adopted an Expense Reimbursement Policy.

Please follow the links below to review the policies before continuing with the Disbursement request form:

[University Expense Reimbursement Compliance](#)

[Foundation Reimbursement Expense Policy](#)

I certify that I have reviewed and agree to the Expense Reimbursement Compliance Policy above

MEMORANDUM RE: EXPENSE REIMBURSEMENT COMPLIANCE

Central Connecticut State University (hereinafter “Central” or “University”) and The CCSU Foundation, Inc., (hereinafter “Foundation”) are committed to maintaining financial integrity and accountability in the management and approval of Central’s and the Foundation’s funds expended in furtherance of the University’s mission.

The Foundation has the authority to reimburse Central’s employees. However, the Foundation’s policies and procedures and Central and the Foundation are not authorized to reimburse any state employee reimbursement employee of a state agency shall not receive any value from the foundation or the University without the written approval of the executive director.

Accordingly, the President of Central Connecticut State University

CCSU Foundation, Inc. Expense Reimbursement Policy

Purpose

The CCSU Foundation, Inc. (“Foundation”) is committed to maintaining financial integrity and compliance with applicable laws, regulations, and policies. This policy outlines the requirements and procedures for expense reimbursement to ensure that funds are expended in furtherance of Central Connecticut State University’s (“University”) mission, in compliance with Connecticut General Statutes, applicable federal tax laws, and University policies.

Scope

This policy applies to all reimbursement requests submitted by University employees for expenses incurred on behalf of or in furtherance of the Foundation’s mission to support the University.

A. Policy Statement

1. Authorization and Approval

Disbursement Form

Payee Name* <input type="text"/>	Request Number <input type="text"/>	Date Submitted <input type="text" value="01/06/2025"/>	
Is this a State employee?* <input type="radio"/> Yes <input type="radio"/> No			
Address* <input type="text"/>	City* <input type="text"/>	State* <input type="text" value=""/>	Zip Code* <input type="text"/>
Against Invoice # <input type="text"/>			
Designated Fund Name* <input type="text"/>		Designated Fund Number* <input type="text"/>	
Purpose of Disbursement* <input type="text"/>			
Is this a transfer of funds from the Foundation to the University?* <input type="radio"/> Yes <input type="radio"/> No	Banner Index Number* <input type="text"/>		
Is this a P-Card Expense reimbursement?* <input type="radio"/> Yes <input type="radio"/> No			
Does the Foundation have an updated IRS Form W-9 on file?* <input type="radio"/> Yes <input type="radio"/> No	W-9 Attachment Please complete and attach an updated W-9 Blank IRS Form W-9 (PDF) Attach Completed W-9 (PDF Format)		

W-9 Upload

- Click link to upload completed W-9
- Select file
- Enter First and Last name on W-9
- Close the OneDrive tab when finished

W-9 Attachment

Please complete and attach an updated W-9

[Blank IRS Form W-9 \(PDF\)](#)

[Attach Completed W-9 \(PDF Format\)](#)

Microsoft

A member of "Current Clients" is requesting files for:

CCSU Foundation client files

Select files

A member of "Current Clients" is requesting files for:

CCSU Foundation client files

CCSU TEST W9.pdf

+ Add more files Total 1 file 27.7 KB

First name * Last name *

Upload

cscuut1.hylandcloud.com/cscuap OneDrive

https://alacartesol.sharepoint.com/sites/CurrentClients/_layouts/15/c

Disbursement Form

Supporting Documentation (0)

Attach Receipts, Invoices, and Supporting Documentation *

Attach Item(s)

Individuals claiming reimbursements of expenses must complete a **Reimbursement of Expense Report** (above) with this Disbursement Order and attach receipts or other supporting documentation. Payments of stipends or honoraria must be accompanied by a signed personal services agreement invoice or other supporting documentation.

Requester (Prepared By)

Requestor Name *

Email *

Phone *

Department Head/Program Director

Reviewer Name *

Reviewer Email *

Vice President/Dean

Fund Administrator Name *

Fund Administrator Email *

Reimbursement of Expenses

Are you requesting a reimbursement of expenses?*

Yes No

Reimbursement of Expense Report

Lodging, Meals & Entertainment

Add

To add items to this section, click the **Add** button location above right

Date*	Name(s) of Person(s) Involved*	Meal Amount	Lodging Amount	SubTotal	Remove
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="button" value="Remove"/>

Total Lodging, Meals & Entertainment

\$ 0.00

Travel

Add

To add items to this section, click the **Add** button location above right

Date*	From*	To*	# Miles	\$/Mile (ex: 0.67)	Parking/Toll Amount	SubTotal	Remove
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="button" value="Remove"/>

Total Travel

\$ 0.00

Other Expenses

Add

To add items to this section, click the **Add** button location above right

Date*	Description of Expense & Relationship to Foundation Activity*	SubTotal*	Remove
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Remove"/>

Total Other Expenses

\$ 0.00

Expense Report Total (Receipts and/or other supporting documentation must be attached)

TOTAL AMOUNT REQUESTED*

Reimbursement of Expenses

Are you requesting a reimbursement of expenses?*

Yes No

Reimbursement of Expense Report

Lodging, Meals & Entertainment

Add

To add items to this section, click the **Add** button location above right

Date*	Name(s) of Person(s) Involved*	Meal Amount	Lodging Amount	SubTotal	Remove
<input type="text" value="1/27/2025"/>	<input type="text" value="Sam Cooke"/>	<input type="text"/>	<input type="text" value="175"/>	<input type="text" value="175.00"/>	<input type="button" value="Remove"/>
<input type="text" value="1/28/2025"/>	<input type="text" value="Sam Cooke and Jane Smith (CCSU)"/>	<input type="text" value="50"/>	<input type="text"/>	<input type="text" value="50.00"/>	<input type="button" value="Remove"/>

Total Lodging, Meals & Entertainment

\$ 225.00

Travel

Add

To add items to this section, click the **Add** button location above right

Total Travel

\$ 0

Other Expenses

Add

To add items to this section, click the **Add** button location above right

Date*	Description of Expense & Relationship to Foundation Activity*	SubTotal*	Remove
<input type="text" value="1/27/2025"/>	<input type="text" value="Decorations and giveaways"/>	<input type="text" value="50"/>	<input type="button" value="Remove"/>

Total Other Expenses

\$ 50.00

Expense Report Total (Receipts and/or other supporting documentation must be attached)

TOTAL AMOUNT REQUESTED*

Error-Checking

Expense Report Total (Receipts and/or other supporting documentation must be attached)

\$688.00

TOTAL AMOUNT REQUESTED *

The Expense Report Total is greater than your Total Amount Requested. Please check your values.

attachment_01: This field is required. (Attach Receipts, Invoices, and Supporting Documentation)

Supporting Documentation (0)

Attach Receipts, Invoices, and Supporting Documentation *

Attach Item(s)

\$/Mile

25

\$/Mile

25

Park/Toll

Total

The positive/negative currency value must be of the format: \$/Mile is out of range. Please check and change the milage rate.

I certify that the above expenditure is properly due, has not been paid, and is appropriate usage of the Foundation fund being used.*

Submit



Thank you for your submission

[Return to Central Home](#)

Requester Confirmation Email

After Form Submitted

CCSU Foundation: Request Confirmation



CCSU_NoReply@m.ccsu.edu

To Blues, Jake

Hello JAKE,

Your request (1758042) for \$688.00 has been received.

Thank you,

CCSU Foundation, Inc.

<https://www.ccsu.edu/ccsufoundation>



Approval Process

Requester

Any University Staff Member

Reviewer

Department Head, Program Director

Fund Administrator

VP, Dean

Supervisor (only specific cases)

University President

Foundation Administrator

Review for AP Processing

Accounts Payable

Outside Agency

Reviewer Approval

CCSU Foundation: Reviewer Approval Required



CCSU_NoReply@m.ccsu.edu
To Morson, Alvin (InfoTechServ)

Hello,

Please review the following Disbursement Order for your approval.

Click the following link to open the request:

[CCSU Foundation - Disbursement Order](#)

Thank you,

<https://www.ccsu.edu/ccsufoundation>



Reviewer Approval

Reviewer Name (Electronic Signature) *

Date Approved

Approved? *

Yes No Return for Corrections

Follow-up Reminders – 3 Days

Fund Administrator Approval

Fund Administrator Approval

Fund Administrator Name (Electronic Signature) *

Date Approved

Approved? *

Yes No Return for Corrections

Supervisor Approval Required? *

Yes No

Fund Administrator Approval

Dual Role

Reviewer Approval

The original requester of this form has indicated the Reviewer Approval is not required.

Please verify and if correct, complete both Reviewer and Fund Administrator Approval sections.

Reviewer Name (Electronic Signature) *

Date Approved

Approved? *

Yes No Return for Corrections

Fund Administrator Approval

Fund Administrator Name (Electronic Signature) *

Date Approved

Approved? *

Yes No Return for Corrections

Supervisor Approval Required? *

Yes No

Fund Administrator Approval Supervisor Assignment

Fund Administrator Approval

Fund Administrator Name (Electronic Signature) * <input type="text"/>	Date Approved <input type="text"/>
Approved? * <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Return for Corrections	
Supervisor Approval Required? * <input checked="" type="radio"/> Yes <input type="radio"/> No	
Supervisor Name * <input type="text"/>	
Supervisor Email * <input type="text"/>	

Request For Changes

Reviewer, Fund Administrator, Supervisor, Foundation Administrator, AP Team

Fund Administrator Approval

Fund Administrator Name (Electronic Signature) *
ACM - Fund Admin

Date Approved
01/07/2025

Approved? *
 Yes No Return for Corrections

Changes Requested *
Please include additional invoices/receipts

Hello,

Your Disbursement Order request has been returned for revisions.

Feedback:

Feedback from Fund Administrator: Please include additional invoices/receipts

Click the following link to open the request:

[CCSU Foundation - Disbursement Order](#)

Thank you,

<https://www.ccsu.edu/ccsufoundation>



Revisions Requested

Please revise your request as stated below and resubmit:

Feedback from Fund Administrator: Please include additional invoices/receipts

Approval Process

Requester

Any University Staff Member

Reviewer

Department Head, Program Director

Fund Administrator

VP, Dean

Supervisor (only specific cases)

University President

Foundation Administrator

Review for AP Processing

Accounts Payable

Outside Agency

Request Denied

Fund Administrator Approval

Fund Administrator Name (Electronic Signature) *
Dean Martin

Date Approved
01/15/2025

Approved? *
 Yes No Return for Corrections


Supervisor Approval Required? *
 Yes No

Changes Requested *
This request has already been submitted/paid (REF # 175123)

Hello Jake Blues,
Disbursement Order 1760844 for \$5000.00 has been denied.

Feedback:
Feedback from Fund Administrator: This request has already been submitted/paid (REF # 175123)

Thank you,
Ali Welcome
CCSU Foundation, Inc.
55 Paul Manafort Senior Drive
New Britain, CT 06053
860.832.0712
ali.welcome@ccsu.edu
<https://www.ccsu.edu/ccsufoundation>



**CCSU
FOUNDATION**
CENTRAL

Requester

Email Received After All Steps Have Been Completed

CCSU Foundation: Disbursement Order 1758055 Approved



CCSU_NoReply@m.ccsu.edu
To Charles, Raymond (MusicDept)



3aed9fbe-7709-460c-98c9-74532e3a99a6.pdf 59 KB



d273c03a-c72b-4e5e-9e5d-0ae6d55d4048.pdf 637 KB



71090c10-9f8e-4bdf-8a70-35552fc1072d.pdf 685 KB

Hello Raymond Charles,

Disbursement Order 1758055 for \$683.00 has been approved.

Thank you,

Ali Welcome

CCSU Foundation, Inc.
55 Paul Manafort Senior Drive
New Britain, CT 06053
860.832.0712
ali.welcome@ccsu.edu
<https://www.ccsu.edu/ccsufoundation>



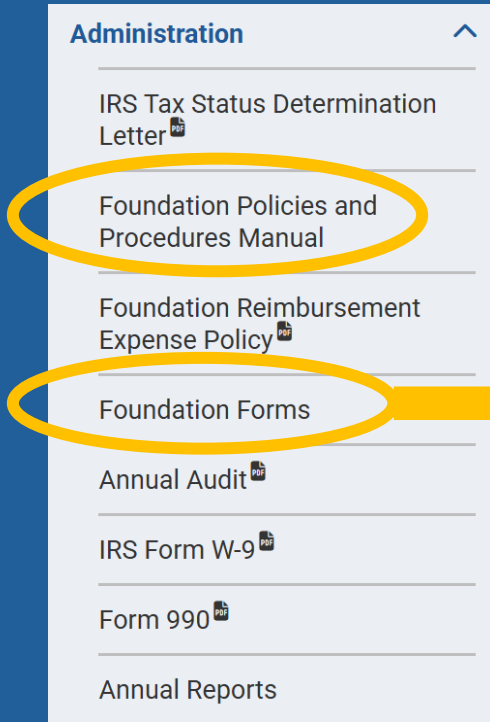
Go-Live Date:

Monday February 24, 2025

Helpful Websites

<https://www.ccsu.edu/ccsufoundation>

- Policies and Procedures (Section 5.10)
- OnBase Link



CCSU Foundation Forms

07/11/2025- Deadline to submit FY2025 invoices, Disbursement Orders, and other related requests for CCSU Foundation funding to Accounts Payable for processing.

IMPORTANT MESSAGE:

It is important that we are cognitive of our expenses as we bring Fiscal Year 2025 to a close. Please review your open invoices and expense requests for which the Foundation will be paying and submit to Accounts Payable for processing as soon as possible. The deadline to submit disbursement orders for current year expenses is July 11, 2025.

Please click on the needed form name below to open, fill out, save and print the form.

- [Disbursement Order](#)
- [Transmittal Sheet \(XLS\)](#)
- [IRS Form W-9 \(PDF\)](#)
- [CCSU Foundation PSA](#)

CCSU Foundation, Inc.

Helpful Websites

<https://www.ccsu.edu/give/giving-search>

- Fund Information
- Fund Eligibility / Usage
- Funding Numbers



Points of Contact

Foundation Questions:

Ali Welcome: Ali.Welcome@ccsu.edu

OnBase Form-Specific Questions:

Alvin Morson: AMorson@ccsu.edu

Technical Support: CCSU Help Desk

860-832-1720 or email techsupport@ccsu.edu