

Financial Transfer Request (FTR)	Inter-Unit Billing Form	Third Party Billing Upload Form																																																																																																				
<p><i>This form will be used to...</i></p> <ol style="list-style-type: none"> <li>Process a transfer within the same business unit e.g., transferring an expense from one fund/dept to another fund/dept within the University or from one project to another project within an Auxiliary.</li> <li>Bill a third party or affiliate for a reimbursement out of 48500 to 48501.</li> </ol> <p><i>Back-up needs to be included as support</i></p>	<p><i>This form will be used to...</i></p> <ol style="list-style-type: none"> <li>Bill from the University to an Auxiliary for reimbursements OR for services. Examples: Faculty Release time, Indirect Cost Recovery Billing, Reimbursements, &amp; MOUs</li> <li>Bill from an Auxiliary to the University.</li> <li>Bill from an Auxiliary to another Auxiliary Example: moving funds from fund 96xxx to 92xxx</li> </ol> <p><i>Back-up needs to be included as support</i></p>	<p><i>This form will be used to...</i></p> <ol style="list-style-type: none"> <li>Bill a third party directly.</li> <li>Form used by both the University and Auxiliaries. Example: Creating an invoice and sending to Palomar College or Construction Company</li> </ol> <p><i>Back-up needs to be included as support</i></p>																																																																																																				
<p><b>Special Note:</b> Not used to move expenses from 48500 to 48501 in order to bill an Auxiliary.</p> <p>Not used to move funds from CSUSM Corporation to Foundation or Foundation to CSUSM Corporation.</p>	<p><b>Special Note:</b> What's different about this form? With this form you will have to include the Business Unit to the Inter-Unit Billing Form.</p> <p><u>Business Unit Matrix:</u></p> <table border="1"> <thead> <tr> <th>Bus Unit</th> <th>Organization</th> </tr> </thead> <tbody> <tr> <td>SMCMP</td> <td>CSUSM Campus</td> </tr> <tr> <td>SMFND</td> <td>CSUSM Foundation</td> </tr> <tr> <td>SMURS</td> <td>CSUSM Corporation</td> </tr> <tr> <td>SMASI</td> <td>Associated Students Inc</td> </tr> </tbody> </table>	Bus Unit	Organization	SMCMP	CSUSM Campus	SMFND	CSUSM Foundation	SMURS	CSUSM Corporation	SMASI	Associated Students Inc	<p><b>Special Note:</b> Will use FTR if requesting a reimbursement of an expense in Fund 48500 and other University funds from a third party.</p>																																																																																										
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<p style="text-align: center;"><b>CALIFORNIA STATE UNIVERSITY SAN MARCOS FISCAL SERVICES FINANCIAL TRANSFER REQUEST FORM</b></p> <p><input type="checkbox"/> CSUSM   <input type="checkbox"/> ASI   <input type="checkbox"/> CSUSM Corporation   <input type="checkbox"/> THE FOUNDATION</p> <p>CSUSM EMAIL to: <a href="mailto:accounting@csusm.edu">accounting@csusm.edu</a>   CSUSM Corporation, &amp; The Foundation EMAIL to: <a href="mailto:auxaccounting@csusm.edu">auxaccounting@csusm.edu</a></p> <p style="font-size: small;">Yellow Shaded Cells = Required Fields   * Project field is only required for UARSC &amp; Foundation</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Actg Office Use Only</th> <th>Journal ID or Voucher ID</th> <th>Journal Date</th> <th>Total Debits =</th> <th>0.00</th> <th>Total Credits =</th> <th>0.00</th> </tr> </thead> <tbody> <tr> <td colspan="8"><b>User Request Criteria</b></td> </tr> <tr> <td>Date</td> <td>Vendor Name</td> <td>Voucher ID</td> <td>Original Journal ID</td> <td>Source</td> <td>Authorizing Person</td> <td>Description</td> <td></td> </tr> <tr> <td>Account</td> <td>Fund</td> <td>Dept</td> <td>Program</td> <td>Class</td> <td>Project *</td> <td>Scenario</td> <td>Line Description</td> </tr> <tr> <td colspan="7"></td> <td>Amount</td> </tr> </tbody> </table>	Actg Office Use Only		Journal ID or Voucher ID	Journal Date	Total Debits =	0.00	Total Credits =	0.00	<b>User Request Criteria</b>								Date	Vendor Name	Voucher ID	Original Journal ID	Source	Authorizing Person	Description		Account	Fund	Dept	Program	Class	Project *	Scenario	Line Description								Amount	<p>Cal State San Marcos CFS Inter Unit Journal Entry Upload</p> <p>Email to: <a href="mailto:accounting@mailhost1.csusm.edu">accounting@mailhost1.csusm.edu</a> Date Prepared: 03/01/2019 File: CSUSM IU Journal Upload template (102).xls   Version 1.0</p> <p style="text-align: center; border: 2px solid red; padding: 5px;"><b>Enter the Business Unit initiating the transfer.</b></p> <p style="text-align: right; background-color: #333; color: white; padding: 5px;"><b>Generate Upload File</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Business Unit</th> <th>Journal ID</th> <th>Journal Date</th> <th>Journal Reference</th> </tr> </thead> <tbody> <tr> <td>SMCMP</td> <td>NEXT</td> <td>03/01/2019</td> <td>CSUSM IU</td> </tr> <tr> <td>Ledger</td> <td>ACTUALS</td> <td></td> <td></td> </tr> </tbody> </table> <p>Source: ASD   Reversal Code:   Reversal Date:   Journal Description: TEST PSB 022819</p> <p style="text-align: right;">Control Total: 0.00</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Line</th> <th>Bus Unit</th> <th>Acct</th> <th>Fund</th> <th>Dept</th> <th>Prgm</th> <th>Project / Grant</th> <th>Class</th> <th>Scenario</th> <th>Stat Code</th> <th>Stat Amt</th> <th>Monetary Amount</th> <th>Reference</th> <th>Line Description</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Business Unit	Journal ID	Journal Date	Journal Reference	SMCMP	NEXT	03/01/2019	CSUSM IU	Ledger	ACTUALS			Line	Bus Unit	Acct	Fund	Dept	Prgm	Project / Grant	Class	Scenario	Stat Code	Stat Amt	Monetary Amount	Reference	Line Description															<p style="text-align: center;">Cal State San Marcos Third Party Billing Upload Form Invoice Request</p> <p><input type="checkbox"/> CSUSM   <input type="checkbox"/> The Foundation   <input type="checkbox"/> CSUSM Corporation   <input type="checkbox"/> ASI</p> <p>CSUSM EMAIL to: <a href="mailto:accounting@csusm.edu">accounting@csusm.edu</a> The Foundation, CSUSM Corporation, and ASI EMAIL to: <a href="mailto:auxaccounting@csusm.edu">auxaccounting@csusm.edu</a></p> <p>New customer information   Orig Dept:   CC:   Via:</p> <p>Name:   Prepared By:   Description:</p> <p>Attention to:   Address:   Phone:   Phone:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CUSTOMER_ID</th> <th>ADDRESS_SEQ</th> <th>IDENTIFIER</th> <th>LINE_DESCR</th> <th>AMOUNT</th> <th>ACFUND</th> <th>DEPTID</th> <th>PROGRAM</th> <th>PROJECT</th> <th>AR_DST_ID</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	CUSTOMER_ID	ADDRESS_SEQ	IDENTIFIER	LINE_DESCR	AMOUNT	ACFUND	DEPTID	PROGRAM	PROJECT	AR_DST_ID										
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Links to Forms:

<https://www.csusm.edu/fs>