SDSU | San Diego State University

Award and Incentive Payments Justification and Reconciliation Form

Required for any awards or incentive payments given in accordance with University Policy.

Name of Event/Study:_____ **Type of Event:** Choose an Item

Name of Department Contact/Principle Investigator (PI):_____

Itemized receipts for purchases must be attached to this form. Any unused awards/incentives must be returned to the vendor if possible or returned to Procure-to-Pay (AD-116).

Participant Name or Unique Identifier	Red ID (if applicable)	Relationship to the University	Award/Incentive Type (Gift Card, other)	Date Disbursed	Total Value Disbursed
		Choose an item...			
		Choose an item...			
		Choose an item...			
		Choose an item...			
		Choose an item...			
		Choose an item...			
		Choose an item...			
		Choose an item...			
		Choose an item...			
		Choose an item...			
		Choose an item...			
		Choose an item...			
		Choose an item...			
		Choose an item...			
Other Pages					
Total amount disbursed					

Business Purpose / Benefit to University – Please describe the business purpose / benefit to the University. Given that judgment is very often an intangible but nonetheless critical basis for an expenditure, be as specific as possible when providing the business purpose and benefit to the university.

Expenditure Distribution Account

ORG	ACT	NACCT	ENDV	FUND	FUNC
		66025			

Approval (You may not approve your own expenses or those of your supervisor)

Approval indicates that you deem this hospitality expense is necessary, appropriate to the occasion, reasonable in amount and serves a purpose consistent with the mission and fiduciary responsibilities of the University.

Preparer (print): _____ Date: _____

Supervisor of Record (print):_____Date: _____

Supervisor of Record (signature):_____

As Supervisor of Record of the Host/Sponsor, I have authorization to verify the validity of and approve this expenditure. (Per Center of Human Resources)

FAH Approval (print): _____ Date: _____

FAH Approval (signature): _____

As FAH Approver, I have authorization to provide fiscal approval of this expense and verify the proper use of funds.