

Guidelines for University of Nebraska Foundation Funds

General Responsibilities

- Department personnel and individuals with spending authority and Controller's Office staff should be knowledgeable of the restrictions included in the University of Nebraska Foundation (Foundation) Fund Agreements.
- There are two ways to spend Foundation Funds:
 - **INDIRECT - Paid by the University, charged to a WBS Element and then reimbursed by the Foundation**
To utilize this method, the expenditures must comply with University and State of Nebraska policies for allowable expenditures.
 - **DIRECT - Directly paid by the Foundation [NOTE: only for expenses which cannot be paid by the University]**
- Expenditures applied to Foundation Funds must be for one of the following tax exempt purposes:
 - Instruction,
 - Research,
 - Public service,
 - Recruiting, retention or development

Departmental Responsibilities

Individuals with spending authority are responsible for monitoring compliance with restrictions contained in the Foundation Fund Agreement.

For payments made INDIRECT (by the University):

- Follow normal University procedures for procuring goods or services and charge the expenditure to the appropriate WBS element.
- The Controller's office will prepare a REQUEST FOR TRANSFER FROM FOUNDATION FUNDS form (See Exhibit A) and send to the person with spending authority for this Foundation Fund.
- The person with spending authority must approve the REQUEST FOR TRANSFER FROM FOUNDATION FUNDS form and return to the Controller's office.

For payments made DIRECT by the Foundation:

- Prepare a REQUEST FOR PAYMENT FROM FOUNDATION FUNDS form (See Exhibit B) and include supporting documentation. Note that, when applicable, sales tax must be paid on purchases of goods or services.
- Have the REQUEST FOR PAYMENT FROM FOUNDATION FUNDS form approved by the person with spending authority for this Foundation Fund. If the person with spending authority is being reimbursed for expenses incurred, their supervisor must approve the form.
- Send the REQUEST FOR PAYMENT FROM FOUNDATION FUNDS form to Operations Analysis for tax review.

Controller Responsibilities

For payments made INDIRECT (by the University), the Controller's office will:

- Review the expenditures to ensure compliance with restrictions contained in the Foundation Fund Agreement.
- Coordinate reimbursement against the WBS Element charged for the expenditure by:
 - Preparing a REQUEST FOR TRANSFER FROM FOUNDATION FUNDS form and submitting it for approval to the person with spending authority.
 - Sending the completed REQUEST FOR TRANSFER FROM FOUNDATION FUNDS form to the Foundation.
 - Depositing Foundation payment against the appropriate WBS Element.

Operations Analysis Responsibilities

For payments made DIRECT by the Foundation, Operations Analysis will review for tax compliance and provide tax information to Payroll for those payments which are taxable.

See Exhibit C for a Process Flowchart for Expending Foundation Funds

Request for Transfer From Foundation Funds

Exhibit A

Date: _____ Department Name: _____

Project Director: _____

Contact (Name, phone and e-mail): _____

Foundation Fund Name & Number: _____

WBS/Cost Center Number: _____ Balance of Account: _____

(Put amount as shown on WBS Statement "Bottom Cell in the Life to Date" column)

Description of Project (Planned Use of Funds): _____

Funding Period (Enter start & end date): _____

Salary Expenses:

<u>Name & Nature of Work Performed</u>	<u>Salary</u>	<u>Benefits</u>	<u>Total</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Expenses:

<u>Provide a Detailed Description</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

Grand total Salary & Other Expenses: _____

<u>*ONE-TIME AWARD PAYMENTS TO FACULTY AND STAFF*</u>	<u>PAYROLL USE ONLY</u>
Employee Name: _____ Position Name: _____	Gross Amt. _____
SAP Personnel Code: _____ Title Code: _____	FICA Cost _____
Gross Amount: _____ Date Available: _____	Total Cost _____
Reason for Payment _____	NUF Auth. Amt. _____

I certify that the above expenditure is in agreement with the fund agreement for the foundation account number listed.

Signature Date

Signature Date

Signature Date

Signature Date

Foundation Use:

The following three areas have been checked:

- 1) Authorized Signers
- 2) Purpose
- 3) Sufficient Funds

By Date

Supervisor Approval:

By Date

Request for Payment from Foundation Funds

Exhibit B

Date: _____ Department Name: _____

Campus Address: _____ Zip Code: _____

Contact Name: _____ Phone Number: _____

Contact E-mail: _____

(Check will be returned to the name and department above. Please include ZIP CODE)

PAYEE: Please make payment as directed below:

Check Payable to:

Name: _____

Permanent Home or Business Address: _____ City: _____ State: _____ Zip Code: _____

Federal ID or Social Security Number: _____

NOTE: Home address and Federal ID/Social Security Number are only required for non-employees or businesses when taxable.

AMOUNT: (All three amounts must be filled in except when requesting reimbursement to an individual. All original receipts, invoices or documentation must be attached.)

Net Amount: _____

Sales Tax: _____

Gross (Amount of Check): _____

Foundation Use:

FOUNDATION ACCOUNT NUMBER: _____

PURPOSE OF PAYMENT:

Foundation Use:

The following three areas have been checked.

- 1) Authorized Signer
- 2) Purpose
- 3) Sufficient Funds

BY DATE

Supervisor Approval:

BY DATE

Signature/Personal Reimbursement Date

Supervisor Signature Date

I certify that:

- 1) The above expenditure is in agreement with the fund agreement for the foundation account number listed and that the substantiating documentation is attached.
- 2) I am aware of the fact that the University of Nebraska Foundation is not exempt from sales tax. Sales tax has been included where appropriate.
- 3) I have checked with the appropriate university personnel and the above payment cannot be paid through the university's payment system.

AUTHORIZED SIGNATURE/DATE

Foundation Expenditures – DIRECTLY PAID BY FOUNDATION

