

101356

## LSU Foundation Check Request Transmittal

Issue check on: Chase Bank, LSU Foundation (0002)

Date 2/18/2011Department Name College of EngineeringDepartment Contact Vaneshette Henderson Phone 578-6004

Payee Name	<u>Jones Nji 898821622</u>	Document # (16 characters max)	Document Amount
Address	<u>1315 Bobpette Blvd #11</u>	<u>1159</u>	<u>10.27</u>
City/State/Zip	<u>Baton Rouge, LA 70820</u>		
U. S. Citizen?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If not, citizen of <u>CM</u>		

Description/Purpose of Expense:

Mileage reimbursement

## DOCUMENTATION REQUIRED FOR TRAVEL AND ENTERTAINMENT EXPENSES

Date of Expenses (when): 11/18/2010

Location (where): Scottsdale Magnet High School BR, LA

Individuals Entertained, Title, Relationship to Program (who): High school science & engineering fair participants

Description of Expense (what): Mileage - Accounting Services doesn't reimburse in-city travel

Business Purpose (why): education & outreach; recruitment & retention of diverse students

The undersigned dean/director certifies that funds are expended for the purpose designated by the donor in accordance with the terms and conditions established by the donor, as well as the policies and procedures established by the LSU Foundation.

AUTHORIZED BY (optional):

Department Head

APPROVED BY:



Dean/Director or higher-level University Official

2/18/11

Date

APPROVAL PER ADDENDUM TO AFFILIATION AGREEMENT (if required):

By:

University Administrative Official

Date

Vendor # or SSN								
Acct No.	<u>127-01-F004</u>	TT	<input checked="" type="checkbox"/>	Obj	Sub Obj	Proj	Amt	Tax
Remit message								
(Print on check stub - 60 characters max)								

{ } Check for special handling - reason: \_\_\_\_\_

For Foundation Use Only
_____ Approved
By: _____
Date: _____

101356

# LSU Foundation Check Request Transmittal

AS421  
r 07/99

Issue check on: Bank One, LSU Foundation (0002)

Date 5/5/2003Department Name College of EngineeringDepartment Contact Harriet EsneaultPhone 578-5997

Payee Name	<b>Gold Star Trophies</b>	Document # (16 characters max)	Document Amount
Address	6220 Florida Blvd.	012768	428.27
Address			
City/State/Zip	Baton Rouge, La. 70806		
U.S. Citizen?	Yes ( ) No ( ) If not, citizen of _____		
Description	Trophies, plaques and ribbons presented at the Annual MEP Awards Ceremony held on 4/26/03 at the Coutillion Ballroom.		
	Account purpose: ____ Chair/Professorship ____ Research Support ____ Development ____ Capital Project <u>x</u> Other <u>minority programs</u>		
The undersigned department head/beneficiary and dean/director certify that funds are expended for the purpose designated by the donor in accordance with the terms and conditions established by the donor, as well as the policies and procedures established by the LSU Foundation.			
Authorized by	_____ University Department Head/Beneficiary	_____ Date	and <u><i>Harriet Esneault</i></u> Dean/Director
			_____ Date <u>5/5/03</u>

Vendor # or SSN							
Acct No.	<u>127-01-F004</u>	TT	<u>x</u>	Obj	<u>6670</u>	Sub	<u>466.8/</u>
				Obj		Proj	
						Amt	<u>428.27</u>
						Tax	
Remit message	<u>Invoice 12768</u>						
(Printed on check stub— 60 characters max)							

Check ( ) for special handling— reason # \_\_\_\_\_ (from back of this page)

For LSU Foundation Use Only		
	Approved	Not Approved
Purpose		
Amount		
By	____/____/____	

LSU Accounting Services Approval
By
____/____/____

# LSU Foundation Check Request Transmittal

AS421  
r 07/99

Issue check on: Bank One, LSU Foundation (0002)

Date 2/21/3002

Department Name College of Engineering

Department Contact Harriet Esneault

Phone 578-5997

Payee Name	LSU Bookstore	Document # <small>(16 characters max)</small>	Document Amount
Address	Union Bldg.	17227	67.51
Address			
City/State/Zip	Baton Rouge, La. 70903-0001		
U.S. Citizen?	Yes ( ) No ( ) If not, citizen of _____		
Description Door prizes given our at the NSBE Jr. and Exxxon Explore Joint Meeting held on 2/28/02 at CiCi's Pizza in Baton Rouge		Account purpose: <input type="checkbox"/> Chair/Professorship <input type="checkbox"/> Research Support <input type="checkbox"/> Development <input type="checkbox"/> Capital Project <input checked="" type="checkbox"/> Other <u>minority programs</u>	
<p>The undersigned department head/beneficiary and dean/director certify that funds are expended for the purpose designated by the donor in accordance with the terms and conditions established by the donor, as well as the policies and procedures established by the LSU Foundation.</p>			
Authorized by _____ University Department Head/Beneficiary		_____ and <u>Pero Eggleston</u> Dean/Director	_____ <u>2/21/03</u> Date

Vendor # or SSN _____					
Acct No. <u>127-01-F004</u>	TT <u>X</u>	Obj <u>6679</u>	Sub <u>4260</u>	Proj _____	Amt <u>67.51</u> Tax _____
Remit message <u>Invoice #17227</u>					
<small>(Printed on check stub— 60 characters max)</small>					

Check (U) for special handling— reason # \_\_\_\_\_ (from back of this page)

For LSU Foundation Use Only		
	Approved	Not Approved
Purpose		
Amount		
By _____		

LSU Accounting Services Approval
By _____
_____

# TRAVEL EXPENSE REIMBURSEMENT REQUEST

AS300

Traveler	Jones Nji
Dept	Engineering
LSU ID	898821622
Destination	Scottsville Magnet High Bldg, LA (SMH)
Purpose of Travel	Engineering diversity and education outreach/recruitment

Contact	Vaneshette Henderson
Phone	578-6004
Fax	578-4845
E-mail	vhenderson@lsu.edu

## Section A Registration Fees

This should only include Registration Fees paid with personal funds (not paid via LaCarte or CBA)

A Subtotal

## Section B Airfare & Auto

Date	Expense	From	To	Description	Amount
	Airfare (not paid by CBA)				
	Luggage				
	Vehicle Rental				
11/10/10	Mileage (w/documentation)	LSU / SMH	SMH / LSU	21.4 miles @ .48¢ per mile	10.27
	Airport Parking				

B Subtotal 10.27

## Section C Meals, Lodging & Other

Date	Time from Domicile	Time to Domicile	MEAL PER DIEMS			Lodging	Transportation	Parking Tolls	Baggage Tips (\$1/bag)	Business Calls/Internet	Amount
			Breakfast	Lunch	Dinner						

C Subtotal

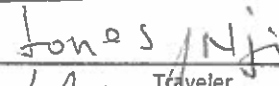

## Section D Miscellaneous & Incidental

Date	Expense	Description	Amount

D Subtotal

## APPROVALS

I certify that the expenses claimed on this request were paid by me and incurred on University business.

 Traveler	11/30/2010 Date
 Immediate Supervisor	Date
Other Approval (optional)	Date

Total - This Page	
Total - All Pages	
Less Travel Advance	
<b>TOTAL DUE *</b>	<b>\$10.27</b>

Due LSU ☒ Due Traveler

\* If reimbursement is due to a non-employee, address is required:

Address 1	1315 Bob Pettit Blvd
Address 2	Apt #11
City, State, Zip	Baton Rouge, LA 70820
Country	USA

## FOR ACCOUNTING SERVICES USE ONLY

PO #		Mapping Acct	
		Travel Advance #	
Audited by & Date			

Account #	Obj Code	Project #	Amount
127 014004			\$10.27

**REQUEST FOR AUTHORIZATION TO TRAVEL**
**AS292**

This form must be completed and approved prior to making any travel reservations.

Traveler	<u>Jones Nji</u>	Type	<input type="checkbox"/> Employee <input checked="" type="checkbox"/> Student
Department	College of Engineering	LSU ID	<u>898821622</u>
Title	Student/Diversity Ambassador	Contact	Vaneshette Henderson
Destination	Scotlandville Magnet High	Phone	578-6004
Departure Date	11/18/2010	E-mail	vhende1@lsu.edu
Return Date	11/18/2010	Account	<u>127-01-ce coop</u>
Purpose of Travel	engineering diversity and education outreach/recruitment		

**Section A - Estimated Expenses (Refer to PM-13 for rates)**

Expense	Qty	Amount
Airfare	-	
Registration Fees	-	
Mileage	<u>21.4</u> Miles	<u>10.27</u>
Meals (Per Diem)	Days	
Misc & Incidental	-	

Expense	Qty	Amount
Meals (Conference)	Meals	
Lodging (Routine)	Days	
Lodging (Conference)	Days	
Vehicle Rental	Days	
Total Travel Estimate		<u>10.27</u>

**Section B - Additional Reimbursement Details & Required Special Approvals/Justification**

Expense	Description	Approval of	Initials
Meals (Conference)	Meals designated as integral part of conference (attach a copy of the conference brochure).	Direct Supervisor/ Department Head	
Lodging (Routine) *	Up to 50% in excess of maximum otherwise allowed.	Department Head	
Lodging (Conference)	Actual for Conference Lodging (conference brochure stating hotel and nightly rate must be attached).	Department Head	
Vehicle Rental **	<input type="checkbox"/> Compact <input type="checkbox"/> Mini-van <input type="checkbox"/> Full-size <input type="checkbox"/> Van <input type="checkbox"/> Mid-size/Intermediate <input type="checkbox"/> Other _____	Department Head	

\* Justification Required

\*\* Justification Required

Unauthorized individuals should not be transported in University-owned or rental vehicles. Refer to PM-13 for exceptions to this policy.

**Section C - Other Special Approvals Requested**

- ☐ Foreign Travel All travel outside the 50 US states, District of Columbia, Puerto Rico, US Virgin Island, American Samoa and Guam.  
 Are US Dept of State rates being requested? ☐ Yes ☐ No  
 Note: The US Dept of State website should be checked for Travel Warnings to this destination.
- ☐ Travel > 30 Days Extension of Temporary Assignment greater than 30 days (attach itinerary/travel plans).

APPROVALS	Signature	Printed Name	Date
Traveler	<u>Jones Nji</u>	<u>Jones Nji</u>	<u>11/16/2010</u>
Department Head			
Dean/Director			
Vice Chancellor <sup>1</sup>			
Provost <sup>2</sup>			
Assoc VC, Acct Services <sup>3</sup>			
Chancellor <sup>4</sup>			

**Notes:**

The Traveler cannot approve this form. The approved AS292 must be attached to the AS300 when submitting for reimbursement.

<sup>1</sup> Optional, at the discretion of the administrator unless approving travel as a Direct Supervisor.

<sup>2</sup> Required for "Foreign Travel".

<sup>3</sup> Required for "Travel > 30 Days" (applies to meals and/or lodging reimbursements).

<sup>4</sup> Required for direct reports of the Chancellor.

# LSU Foundation Check Request Transmittal

AS421  
r 07/99

Issue check on: Bank One, LSU Foundation (0002)

Date 5/19/2003

Department Name College of Engineering

Department Contact Harriet Esneault

Phone 578-5997

Payee Name	Black Faculty & Staff Caucus	Document # <small>(16 characters max)</small>	Document Amount
Address	P.O. Box 21863	COE/MEP Donation	500.00
Address			
City/State/Zip	Baton Rouge, La 70894		
U.S. Citizen?	Yes ( ) No ( ) If not, citizen of _____		
Description COE/MEP donation to the Black Faculty & Staff Caucus Awards Program which was held on 4/27/03 in the Union Theater.		Account purpose: ____ Chair/Professorship    ____ Research Support ____ Development    ____ Capital Project <u>X</u> Other <u>minority programs</u>	
<p>The undersigned department head/beneficiary and dean/director certify that funds are expended for the purpose designated by the donor in accordance with the terms and conditions established by the donor, as well as the policies and procedures established by the LSU Foundation.</p>			
Authorized by _____ University Department Head/Beneficiary		_____ and _____ Date                      Dean/Director	_____ 5/19/03 Date

Vendor # or SSN _____							
Acct No. <u>127-01-F004</u>	TT <u>X</u>	Obj <u>6960</u>	Sub Obj _____	Proj _____	Amt <u>500.00</u>	Tax _____	
Remit message <u>COE/MEP Donation</u>							
<small>(Printed on check stub— 60 characters max)</small>							

Check (u) for special handling— reason # \_\_\_\_\_ (from back of this page)

For LSU Foundation Use Only		
	Approved	Not Approved
Purpose		
Amount		
By _____		

LSU Accounting Services Approval
By _____
_____

LOUISIANA STATE UNIVERSITY BOOKSTORE  
UNION BUILDING  
BATON ROUGE, LA 70903-0001  
Tel: (225) 388-5137

#396 INVOICE  
No 17227

2<sup>nd</sup> REQUEST

Date 2/28/02

Credit ☐

✓ Box For Credit Only.

S O L D T O	Customer Name	D. Shawhna Morgan	B I L L T O	Account Name	Minority Engineering Program (Foundation)
	Social Security Number	435-57-0666		Address	3203 CEBA
	Telephone Number	8-5705			

P.O. or Authorization No.	Expiration Date	Dollar Limit	Tax-Exempt No.	Employee Name
127-01-FL04		Books Supplies		Marie Fandel

Quan.	Description of Merchandise	Class	Unit Price	Total Amount
		480 CHARGE A	B12B 0396 001	
		ACCOUNT NUMBER	127010004	
		68441830402		
		Key Tags	NDS 1	3.98
		68441830402		
		Key Tags	NDS 1	3.98
		09798798422		
		SS TEE 10	NDS 1	11.99
		09798799378		
		T-SHIRT	NDS 1	11.99
		69686900066		
		CAP	NDS 1	15.00
		69686900066		
		CAP	NDS 1	15.00
		SUBTOTAL		61.94
		9% SALES TAX		5.57
		TOTAL		67.51
		CHARGE		67.51
			2/28/02	2:35 PM

Signature D. Shawhna Morgan Date 2/28/02  
Terms - Net 30 Days

A service charge of 1% per month (in no case will it be excess of the rate permitted by state law) will be added to all past due invoices.

Sub Total	➤	
Tax	➤	
Freight & Handling	➤	
Total Invoice	➤	67 51