



# Texas 4-H Youth Development Foundation

## ***2020 Update***



TEXAS A&M  
AGRI  
LIFE  
EXTENSION



# TABLE OF CONTENTS

## **GENERAL INFORMATION**

ACCOUNTING TIMELINE.....	2
ACCOUNTING CHECKLIST .....	3
ACCOUNTING GLOSSARY .....	4

## **INCOME**

DEPOSIT INSTRUCTIONS .....	5
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## **EXPENSES**

OVERVIEW.....	6
SALES TAX INSTRUCTIONS.....	7
PAYMENT REQUESTS .....	8
CONTRACT SERVICES.....	10
TRAVEL REIMBURSEMENTS .....	12
CHASE MASTERCARD .....	14
AFFIDAVIT OF EXPENDITURE.....	18
REQUEST TO TRANSFER FUNDS .....	19

## **MONTHLY FINANCIALS**

READING YOUR FINANCIAL REPORTS .....	20
READING YOUR INVOICE FOR FEES REPORT .....	23
FORMSITE INSTRUCTIONS.....	24

# Accounting Timeline

In order to provide the best customer service, the Foundation has established the following timeline regarding accounting processes.

## Income

**Donation/Sponsorship Deposits** will be deposited upon receipt at the Foundation with the proper paperwork. A notification for checks received at the Foundation without an existing FormSite request, will be sent within 2 business days of receipt. FormSite requests must be submitted within 5 business days of notification.

## Expenses

**Bills/Invoices**, for example Extension Mileage, received at the Foundation will be sent to the Department Manager within 2 business days. Payment requests must be submitted within 5 business days via FormSite.

**Checks** will be disbursed within 10 business days of receipt of payment request.

**Fees** payment requests must be submitted within 5 business days of receipt via FormSite.

## Reconciliations

**Departmental Financials and Fees Statements** will be sent by the 5<sup>th</sup> business day of the month.

**Balance Certification** must be submitted within 10 business day of receipt of departmental report.

JANUARY						
1 Financials Sent	2	3	4	5	6	7
8	9	10	11	12	13	14
15 Chase CC Payment Request Due	16	17	18	19	20 Balance Cert. & Fees Due	21
22	23	24	25	26	27	28
29	30	31				

*Please note that dates are subject to change due to fiscal year and/or holidays.*

# Accounting Checklist

The following is a list of various accounting requests and the forms/supporting documents needed for those requests. This is intended to be a quick reference guide. For more detail please refer to the step-by-step instructions.

## Donation/Sponsorship Deposits

- Program Deposit Form
- Copy of check and check receipt(s), cash receipt(s), print out from PayPal/Square

## Payment Requests

- Payment Request Form
- Copy of invoice/bill or receipt.

## Professional/Contractual Services Payments

- Payment Request Form
- Copy of invoice/bill or receipt
- Professional/Contractual Services Agreement (must be received via mail at the Foundation before payment will be made.)
- Form W-9 - required to be submitted with the Contractual Services Agreement.

## Travel Reimbursements

- Payment Request Form
- Travel Reimbursement Form
- Copy of receipts (include map from MapQuest or Google Map for mileage)

## Fees Statement

- Signed Invoice for Fees report

# Accounting Glossary

**Below are definitions of terms that will be used throughout this manual.**

- **5 Ws**—Who, What, When, Where and Why. All expenses should include support to describe each W.
- **Department**—Your Department is your District number or Program name.
- **Management Fee**—This fee is assessed on all monies processed through the Foundation. This fee covers costs incurred by the Foundation to manage and process all requests.
- **Reconcile/Reconciliation**—To check your financials against the Foundation financials to verify accuracy. Depending on your accounting method you may be able to use a reconciliation feature.

# Program Deposit Instructions

These instructions will be used to request all program deposits.

- Donation/Sponsorship/Grant deposits will not be processed until the check is physically at the Foundation. The reference number will be left blank until the appropriate documentation has been submitted via FormSite.
- All deposits are subject to a 12% Foundation Management fee. These fees will be assessed monthly and reviewed annually.

## Step 1: Download the Program Deposit Form

Download the Program Deposit Form as shown below, which can be found under the Faculty Login section of the State 4-H website at [texas4-h.tamu.edu/secured/](http://texas4-h.tamu.edu/secured/), password **team4h**.

## Step 2: Completing the Form

**Date:** The date you submitted the form.

**Person Submitting Request:** Person to contact should there be questions about the request.

**Contact Phone Number:** Phone number of person to contact should there be questions about the request.

**Department:** This will be the department which the funds will be deposited.

**Event:** The event name which will be used in the memo of deposit in your financial statements.

**Amount Deposited:** Total amount to be deposited.

**Special Instructions:** Any other information you wish to provide regarding this deposit. This will not be used in your statements but will be kept for internal purposes.

Ref # \_\_\_\_\_

**Texas 4-H Youth Development Foundation**  
P.O. Box 11020  
College Station, Texas 77842-1020

**PROGRAM DEPOSIT FORM**  
Revised: March 2016

Date: \_\_\_\_\_  
Person Submitting Request: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_

Department: \_\_\_\_\_  
Event: \_\_\_\_\_  
Amount Deposited: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_

PLEASE CHECK THE APPROPRIATE BOX?  Donation  Sponsorship  Grant

**CHECKS**

Total number of checks	_____
Total dollar amount of checks	_____

**CREDIT CARD: SQUARE/PAYPAL**

Total amount of deposit (before fees)	_____
Total amount of Square/PayPal fees	_____
Net amount of deposit (after fees)	_____

**CASH**

Denomination	No. of Bills	Denomination Total
\$100.00	_____	_____
\$50.00	_____	_____
\$20.00	_____	_____
\$10.00	_____	_____
\$5.00	_____	_____
\$1.00	_____	_____
Coins	_____	_____
Total dollar amount of cash		_____

\*Include transaction details for Square/PayPal deposits.

**(For Office Use Only)**  
Received by: \_\_\_\_\_  
Verified by: \_\_\_\_\_  
Date: \_\_\_\_\_

## Step 3: Submit via FormSite

Submit your Program deposit via FormSite at [http://fs4.formsite.com/state4h/foundation/form\\_login.html](http://fs4.formsite.com/state4h/foundation/form_login.html).

Please see FormSite Instructions for assistance.

# Expense Overview

Instructions for processing expense related activity can be found in this section of your manual. Please refer to the step-by-step guides to answer questions you may have regarding these processes.

The Texas 4-H Foundation is a tax-exempt entity. Our organization may buy items free of sales tax if the items are purchased to further our exempt purposes. **All vendors should be provided with a copy of the Sales Tax Exemption Certificate prior to purchase.**

**Payment Requests** - All payment requests must include receipts, invoices, or other support documentation such as Professional/Contractual Services Agreement or Travel Reimbursement Form, where applicable. Payment request will be processed within **10 business days** of upload via FormSite.

- **Professional/Contractual Services Payments**— The Professional/Contractual Services Agreement must be received via mail or fax at the Foundation before payment will be made. A W-9 is also required to be submitted with the Contractual Services Agreement.

**Chase Mastercard** - Chase Statement printed from Chase Online, Chase Mastercard Expenditure Detail Report and copies of all itemized receipts are required.

- Statements post to Chase Online after the 2nd of the month.
- Submit Credit Card Payment Request via FormSite by the 15th of the month.
- **Affidavit of Lost Receipt** - If two or more receipts are lost in one month, the Cardholder will be given a warning. If this occurs in two consecutive months or more than three times in one fiscal year, the Cardholder's access may be suspended and reviewed. Potential misuse will result in deactivation of the Cardholder's account.

**Request to Transfer Funds** - This form is used to request funds be transferred from one Department to another Department.

## Helpful Tips

### Receipt Management

- ⇒ Take a picture with your Smartphone of receipts when traveling.
- ⇒ Remember to request the copy of the detail receipt from restaurants as well as a copy of the signed CC receipt. Write tip information on your copy.
- ⇒ Make copies of the receipts and file them in a folder so will be easy to match receipts with credit card statements.
- ⇒ If the receipt is unavailable, take a picture with your phone of information that will be helpful to back up the business expense. (Example: The gas pump is out of paper so take a picture of the pump showing your total.)

### Contractual Services Agreement

- ⇒ Start the process of seeking the contractor's information early since the forms need to be mailed.
- ⇒ Notify the Foundation you are mailing the contract.
- ⇒ Prepare the Payment Request and upload to FormSite. Note: It is pending receipt of the Professional/Contractual Services Agreement in the mail.

# Sales Tax Instructions

The Texas 4-H Youth Development Foundation has a sales tax exemption which is reflected on the updated Texas Sales and Use Tax Exemption Certification form. The exemption certificate is proof that the taxable item was purchased by an exempt organization or for exempt use.

Our organization may buy items tax free, if the items are purchased to further our exempt purpose. When you use the assigned Chase Mastercard to make your business-related purchases, you will need to provide the vendor a copy of this certificate for each purchase. The certificate accompanying your Chase Mastercard provides the vendor assurance that you represent a sales tax-exempt organization. The Chase Mastercard includes insignia on the face of the card to signify you represent our organization.

According to the Texas Comptroller of Public Accounts, if you choose to use your personal credit card to make business-related purchases accompanied by the certification, the vendor is not obligated to recognize you for sales tax exemption. This certification for exemption does not apply to hotel tax related to Foundation funds.

Due to Texas Sales Tax requirements, the sale of merchandise such as materials, hats, t-shirts, etc. must be part of the registration fee for all participants so that it is not considered a "sale" item. We are not in the business of selling merchandise. If anyone should conduct sales separate from registration, this could put our exempt status in jeopardy.

## Step 1: Download the Sales Tax Exemption Certification Form.

Download the Sales Tax Exemption Certification Form, which can be found under the Faculty Login section of the State 4-H website at [texas4-h.tamu.edu/secured/](https://texas4-h.tamu.edu/secured/), password **team4h**.

## Step 2: Completing the Form

The **RED** portion of the form is populated for you. Type in the seller name and address onto the form before you print the form. Print the form and then you as the purchaser will sign and date it the area shown in **BLUE**. Please include your title on the form as well.

**Seller:** Vendor where you are making the purchase

**Address:** Address of vendor where purchase is being made

**City, State, ZIP code:** Same as above

**Description:** Brief explanation of item requesting exemption.  
(Example: Office Supplies, Catering, Apparel)

## Step 3: Using the Form

Present the completed form to the cashier before you check out at the register. Before you leave the cashier area, review your receipt to verify the cashier did not charge you sales tax on your purchase. It is easier to correct the sales tax charge before you leave the store.



# Payment Requests

The Program Payment Request Form will be submitted when requesting a physical check. This form must also accompany all Travel Reimbursement Requests and all Professional/Contractual Services Payments.

## Step 1: Download the Program Payment Request Form

Download the Program Payment Request Form which can be found under the Faculty Login section of the State 4-H website at [texas4-h.tamu.edu/secured/](https://texas4-h.tamu.edu/secured/), password **team4h**.

## Step 2: Completing the Form

**Date:** The date you submitted the form.

**Person Submitting Request:** Person to contact should there be questions about the request.

**Contact Phone Number:** Phone number of person to contact should there be questions about the request.

**Department:** This will be the department from which the funds will be withdrawn.

**Amount Payable:** Amount to be paid.

**Memo:** Key information such as the invoice number to print on the check.

**Make Check Payable to:** Record who the check will be made payable.

**Payee's Address:** Address of where the check should be mailed. All checks need address information, even if not mailing directly.

**Payee's City/State/Zip:** same as above

**Special Instructions:** Let us know if we DO NOT need to mail to the address above. If not mailing directly, specify where the payment needs to be sent. Also, specify additional items that need to be mailed/attached with the check (Example: invoice, reports, etc)

**Event Name/Expense Detail:** This information will appear on the Expense Detail Report in Quickbooks. List the event name and brief information about the expense.

**Explanation of Expenditure:** Descriptions must include the 5-W's: Who, What, When, Where and Why. (Example: Awards for the D2 Livestock Judging Contest held August 5, 2015 in Lubbock) Provide proper backup documentation such as copies of receipts and invoices. If submitted for contract labor, a Professional/Contractual Services Agreement Form and W-9 must be included. If for reimbursement of personal funds used for business expenses on a business trip, the Travel Reimbursement Form must be included. These forms can all be found under the Faculty Login section of the State 4-H website at [texas4-h.tamu.edu/secured/](https://texas4-h.tamu.edu/secured/), password **team4h**.

**Signature of Department Manager:** Signature of Department Manager who is responsible for oversight and reconciliation of the department account.

**Signature of State 4-H Program Leader:** Upon receipt from FormSite, Foundation staff will provide all Payment Request to the State 4-H Program Leader for approvals of expenditures. If approval is not granted, notification will be sent via email with explanation to the department manager.

The form is titled "PROGRAM PAYMENT REQUEST FORM" and is dated July 2016. It includes the following fields and sections:

- Header:** Texas 4-H Youth Development Foundation, P.O. Box 11020, College Station, Texas 77842-1020. Ref # \_\_\_\_\_
- Form Fields:**
  - Date: \_\_\_\_\_
  - Person Submitting Request: \_\_\_\_\_
  - Contact Phone Number: \_\_\_\_\_
  - Department: \_\_\_\_\_
  - Amount Payable: \_\_\_\_\_
  - Memo (to appear on check stub): \_\_\_\_\_
  - Make check payable to: \_\_\_\_\_
  - Payee's address: \_\_\_\_\_
  - Payee's city/state/zip: \_\_\_\_\_
  - SPECIAL INSTRUCTIONS**
  - If not mailing direct, return to: \_\_\_\_\_
  - Event Name/Expense Detail: \_\_\_\_\_
  - Explanation of Expenditure\*: \_\_\_\_\_ (For internal use only)
- Footnote:** \*Attach copies of bills, invoices, receipts, and/or vouchers. (If copies are not available, a signed affidavit of cost and justification will be required).
- Signature Lines:**
  - Signature of Department Manager, verifies adequate and proper use of funds. Date: \_\_\_\_\_
  - Signature of State 4-H Program Leader, verifies compliance with contracts/agreements. Date: \_\_\_\_\_
  - Signature of Foundation Executive Director, verifies fiscal accuracy. Date: \_\_\_\_\_

**Signature of Foundation Executive Director:** Signature of Foundation Executive Director, verifying funds are available for transaction processing.

### **Step 3: Submit via Formsite**

Submit your payment request via FormSite at [http://fs4.formsite.com/state4h/foundation/form\\_login.html](http://fs4.formsite.com/state4h/foundation/form_login.html). Please see FormSite instructions assistance.

# Professional/Contractual Services Payment Request

A Professional/Contractual Services Agreement is required each time a person is hired to perform a service to 4-H and is paid through the Department accounts held at the Foundation. Examples of form use include judging an event, providing livestock for horse show, speakers, quiz development, etc. A W-9 for that individual is required annually and will be kept on file at the Foundation.

## Step 1: Download the Professional/Contractual Services Agreement

Download the Professional/Contractual Services Agreement which can be found under the Faculty Login section of the State 4-H website at [texas4-h.tamu.edu/secured/](https://texas4-h.tamu.edu/secured/), password **team4h**.

## Step 2: Completing the Form

**Department Manager's Name:** Person to contact should there be questions about the request.

**Contact Phone Number:** Phone number of person to contact should there be questions about the request.

**Professional/Contractual Service Provider:** Name of individual or company that you are contracting.

**Social Security or Federal ID Number:** This is required on all contractual service agreements. Should the individual/company be paid \$600 or more a 1099-MISC will be issued the following tax year.


**Mailing Address:** Address of the individual/company contracted.

**City, State & Zip:** Location of the individual/company contracted.

**Description of Services to be Performed:** Description must include the 5-W's: Who, What, When, Where and Why. (Example: Speaker for Leadership Lab held August 5-6, 2014 at Brownwood.)

**Dates of Services to be performed:** Date of actual work (Example: August 6, 2016)

**Dollar Amount of Services:** Amount they will be paid. Provide justification for wage amount.

 <b>Texas 4-H Youth Development Foundation</b> P.O. Box 11020 College Station, Texas 77842-1020		Ref # _____
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>FORM AND W-9 MUST BE MAILED OR FAXED TO THE FOUNDATION (DO NOT TRANSMIT VIA EMAIL)</b> </div>		
<b>PROFESSIONAL/CONTRACTUAL SERVICES AGREEMENT</b> <small>Revised: March 2016</small>		
Department Manager's Name:	<input type="text"/>	
Department Manager's Title:	<input type="text"/>	
Professional/Contractual Service Provider:	<input type="text"/>	
Social Security or Federal ID Number:	<input type="text"/>	
Mailing Address:	<input type="text"/>	
City, State, & Zip:	<input type="text"/>	
Description of Services to be Performed:	<input type="text"/>	
Date(s) of Services to be Performed:	<input type="text"/>	
Dollar Amount of Services:	<input type="text"/>	
These services will be performed either by me or other persons employed by me. I further understand, agree and verify that:		
<ol style="list-style-type: none"> <li>Neither I, nor any person employed by me, will be subject to Worker's Compensation Insurance Act for the Texas 4-H Youth Development Foundation, the Texas A&amp;M AgriLife Extension, Texas A&amp;M University, or The Texas A&amp;M University System.</li> <li>Neither I, nor any person employed by me, is entitled to benefits of Unemployment Compensation from the Texas 4-H Youth Development Foundation, the Texas A&amp;M AgriLife Extension, Texas A&amp;M University or The Texas A&amp;M University System, nor any officer, director, or employee thereof.</li> <li>I have voluntarily assumed all risk of injury and accident in connection with the activities I, or other persons employed by me, have undertaken.</li> <li>No FDIC (withholding), social security benefits, medical coverage, or any other insurance benefits will be provided for me or any other person employed by me under this agreement.</li> <li>I will receive a 1099 MISC from the Texas 4-H Foundation if my income meets or exceeds \$600 in one calendar year.</li> </ol>		
Signature of Professional/Contractual Services Provider	<input type="text"/>	
Date	<input type="text"/>	
Signature of Department Manager, verifies adequate account of funds and proper use of funds.	<input type="text"/>	
Date	<input type="text"/>	
Signature of Foundation Executive Director, verifies fiscal accuracy.	<input type="text"/>	
Date	<input type="text"/>	
*Initial Contracts must include a completed W-9 to receive payment.		

## Step 3: Mail the Form

The Professional/Contractual Services Agreement must be mailed to the Foundation at the address on the form. **DO NOT SUBMIT ELECTRONICALLY.** A completed W9 must be mailed with this form. No payment will be issued until the form has been received at the Foundation. Updated W9 can be found on the State 4-H website or from the IRS website directly.

#### **Step 4: Prepare Payment Request Form** (*see Payment Request instructions*)

#### **Step 5: Submit via FormSite**

Submit your payment request via FormSite at [http://fs4.formsite.com/state4h/foundation/form\\_login.html](http://fs4.formsite.com/state4h/foundation/form_login.html). Please see FormSite instructions (**Appendix A**) for assistance.

# Travel Reimbursement Form

A Travel Reimbursement Form must be submitted when personal funds are used for business expenses on a business trip.

## Step 1: Download the Travel Reimbursement Form

Download the Travel Reimbursement Form, which can be found under the Faculty Login section of the State 4-H website at [texas4-h.tamu.edu/secured/](https://texas4-h.tamu.edu/secured/), password **team4h**.

## Step 2: Complete the Form

**Requestor's Name:** Person who will be requesting personal reimbursement.

**Requestor's Address:** Address of person requesting reimbursement.

**Requestor's City/State/Zip:** Location of person requesting reimbursement.

**Location of Meeting:** Where the meeting was held for which you are requesting reimbursement.

**Date Departed:** The date you left for the meeting.

**Date Returned:** The date you returned from the meeting.

**Purpose of the Meeting:** Description must include the 5-W's: Who, What, When, Where and Why. (Example: Attending the State Fair of Texas to assist with the National Food Challenge Contest held September 12-13, 2016).

**Personal Mileage:** Use of personal auto for business travel. Notate city of which your departed and arrived. List each leg of the trip and miles. You may calculate the number of miles traveled by using the vehicle odometer reading or a mapping website (e.g. Google Maps). Please attach the supporting documentation. Note: The federal mileage rate is updated annually, so please ensure you are using the most up-to-date version of this form, as found on the State 4-H website above.

**Lodging:** List the number of nights and room rate per each night stay. Please attach a copy of the hotel bill for support documentation.

**Meals:** List the total number of meals you claimed. Please attach copies of detailed receipts for each meal. Please list names of individuals, included in payment, (if 10 or less individuals) on the detailed meal receipt. For receipts for 10 or more individuals, you can indicate description of function and number of individuals in attendance. (Example: 50 people for Livestock Judging Contest or 25 volunteers).

**Registration:** List the number of people included in registration and the amount of registration fee. Please attach a copy of support documentation, such as the registration receipt.

Ref # \_\_\_\_\_

**Texas 4-H Youth Development Foundation**  
P.O. Box 11020  
College Station, Texas 77842-1020

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**TRAVEL REIMBURSEMENT FORM**  
Revised: July 2016

This form is to be used when personal funds are used for business travel. Travel reimbursement must be accompanied by receipts for commercial transportation, lodging, meals, registration, ground transportation, tips, entertainment, and miscellaneous expenses. If receipts are not available, a signed Affidavit of Expenditure Form is required.

Requestor's Name:			
Requestor's Address:			
Requestor's City, State, Zip:			
Location of Meeting:			
Date Departed:			
Date Returned:			
Purpose of Meeting:			

1. Personal Mileage:	From	To	Miles	
<b>Total Miles</b>				@ \$ .54/mile

2. Lodging ( ___ # of nights @ ___ )	
3. Meals ( ___ # of meals )	
4. Registration Fees ( ___ # of people @ ___ ):	
5. Ground Transportation (Taxi, Limousine, Bus, etc):	
6. Airfare:	
7. Additional Travel Expenses (Baggage Fees, Tips, Tax, etc.):	
Item	
8. TOTAL	

Signature of Person Requesting Reimbursement \_\_\_\_\_ Date \_\_\_\_\_

Please Submit with Payment Request Form

**Ground Transportation:** Fees associated with ground transportation options, such as taxi, limousine, bus, metro services. Please attach a copy of detailed receipts.

**Airfare:** List the fees for airfare associated with the business travel. Please attach a copy of detailed receipt.

**Additional Travel Expenses:** Other fees not listed associated with your travel. Please attach a copy of detailed receipts.

**Total:** Add up all expense categories and put your total in this box.

**Signature of Person Submitting:** Signature of person submitting request.

#### **Step 4: Prepare Payment Request Form** *(see Payment Request instructions)*

#### **Step 5: Submit via FormSite**

Submit your payment request via FormSite at [http://fs4.formsite.com/state4h/foundation/form\\_login.html](http://fs4.formsite.com/state4h/foundation/form_login.html). Please see FormSite Instructions for assistance.

# Chase Mastercard Instructions

These instructions will be used to file your monthly Chase Mastercard activity. Statements end on the 2nd of the month and are available by the 5th of the month. You will need to submit your Credit Card Payment Request to the Foundation via FormSite by the **15th of the month**. **DO NOT SUBMIT ANY RECEIPTS WITHOUT YOUR STATEMENT**. Your receipts submitted must match the statement period. Do not include future receipts for the next statement period. If your payment request has not been submitted to the Foundation by the 20th of the month the card could possibly be suspended. Please contact us if you have extenuating circumstances.

## Step 1: Create your login

This login must be done by the cardholder. Personal information will be requested.

1. Call 800-346-5538.
2. Let them know you are trying to set up the Cardholder's INDIVIDUAL company credit card for online access. Overall master account is Texas 4-H Foundation, David White if they need that detail.
3. They will ask for the Cardholder's SOCIAL SECURITY NUMBER, BIRTHDATE, and EMAIL ADDRESS.
4. You may be asked to set up various security questions.
5. Once completed, you will be sent an email with a temporary password.
6. You will then login and finish the process of establishing your password.

**NOTE: The website has a security feature that asks for verification of information if you DO NOT use the same computer and web browser each time you log in.**

## Step 2: Login

Go to <https://chaseonline.chase.com/> and log in using the User ID and Password you just established in **RED**.

CHASE

Chase.com | Privacy Notice

CHASE ONLINE<sup>SM</sup> Monday, October 27, 2014

Secure Log On

User ID

Password

I have a security token

Remember my User ID

[Forgot your User ID and Password?](#)

Log on

**CHASE HELPS KEEP YOU SAFE AND INFORMED**

- ▶ Report Fraud and E-mail scams
- ▶ Learn how to protect yourself
- ▶ Find out how we protect you
- ▶ Learn more about online fraud
- ▶ Read tips for safe online shopping

**GET A USER ID TO HELP YOU MANAGE YOUR MONEY**

If you're not already using Chase Online to access your account, enroll now. Chase Online offers a broad range of products and services to manage your money.

ENROLL NOW

SEE THE DEMO

Security | Terms of Use | AdChoices

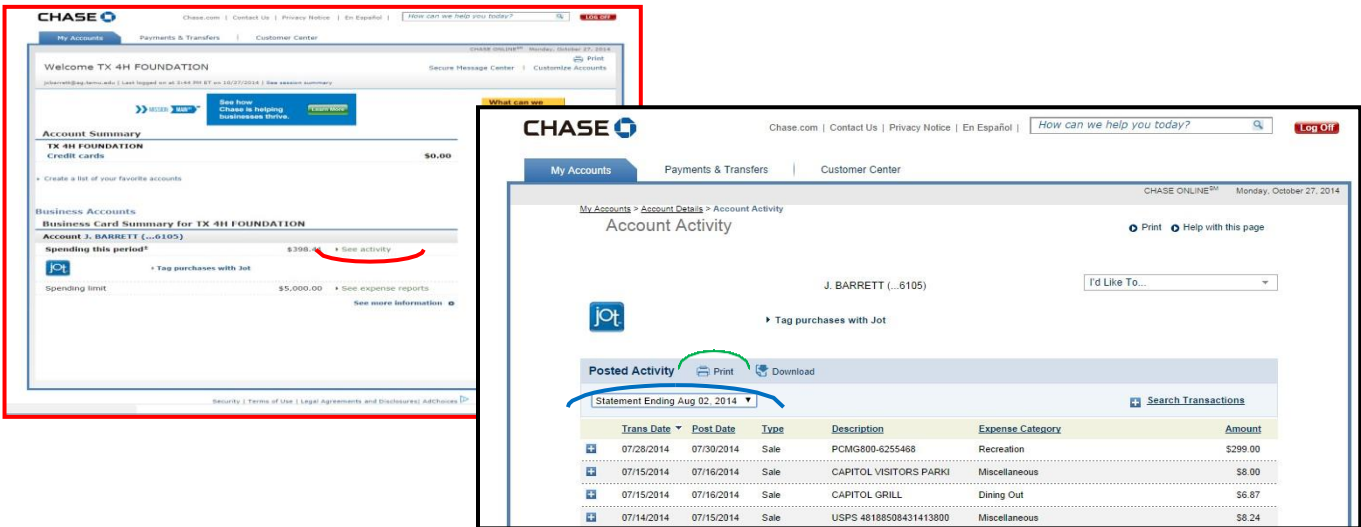
[Open a checking account](#) | [Savings accounts](#) | [Choose the right credit card](#) | [Business credit cards](#) | [Mortgage loans](#) | [Home equity line of credit](#) | [Auto loans](#)

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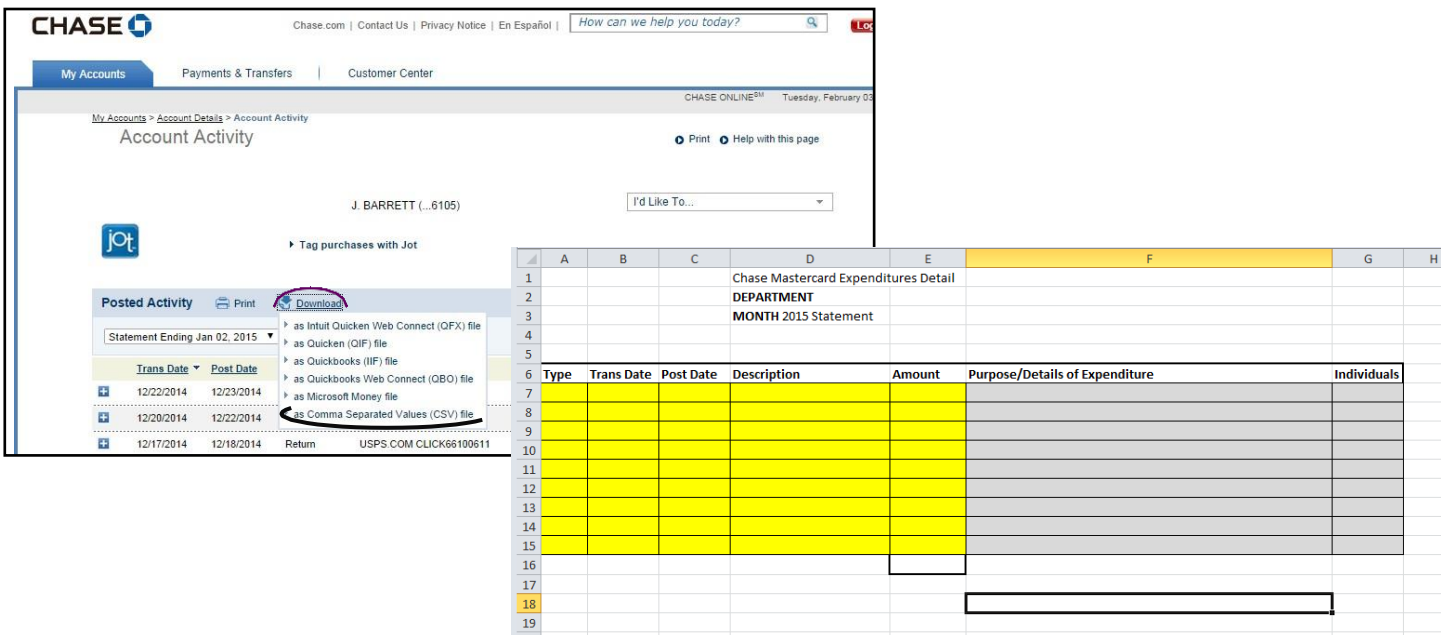
### Step 3: Viewing and Printing Card Activity

Once logged in, you should be directed to the homepage. Click on “See Activity” in **RED**. You will then see the Account Activity screen. From the drop-down menu in **BLUE**, select the Statement Ending for the month you are wanting to process (Example: August 2, 2016 Statement Ending is for your July Activity). Click the Print button in **GREEN** and process with your Credit Card Payment Request.



### Step 4: Complete Chase Mastercard Expenditure Detail

To help prepare the Chase Mastercard Expenditure Detail select “Download” in **PURPLE** your Chase Credit Card activity. From the Download dropdown menu select as Comma Separated Value (CSV) file in **BLACK**. The **YELLOW** highlighted area of the Excel form below can be downloaded and copy/pasted into the form direct. Then complete the **Gray highlighted area**. If you would like to track your expenses by events, feel free to add an additional column for that information for your internal usage to the right of the Individuals column.



Match your receipts for the month’s activity. We do not need the original receipts, copies are acceptable. **ALL receipts must be itemized.** Complete the Chase Mastercard Expenditures Detail Excel Form (**Appendix H**), which can be downloaded from the Faculty Login section of the State 4-H website. Fill out the form ensuring that each entry matches the date, vendor, and amount on your Chase Statement. You must include the information below:



**Purpose/Detail:** Descriptions must include the 5-W's: Who, What, When, Where and Why. (Example: Purchased stamps for Foundation mailing of Christmas Cards to Board members and donors.)

**Individuals:** Include the names of who you included in the expenses. (Example: When paying for meals, hotel, other items for someone besides the cardholder.) Please list names of individuals you are paying for (if 10 or less individuals), attach additional sheets if needed. For receipts for 10 or more individuals, you can indicate type of function and number of individuals. (Example: 50 people for Livestock Judging Contest or 25 volunteers.)

### Step 5: Download the Credit Card Payment Request Form

Download the CC Payment Request Form which can be found under the Faculty Login section of the State 4-H website at [texas4-h.tamu.edu/secured/](https://texas4-h.tamu.edu/secured/), password **team4h**.

### Step 6: Completing the Form

**Date:** Date you submitted the form.

**Person Submitting Request:** Person to contact should there be questions about the request.

**Contact Phone Number:** Phone number of person to contact should there be questions about the request.

**Name of Cardholder:** Person whose card was used.

**Total Statement Balance:** Total expenses for the statement in question.

**Department:** Department from which the funds will be withdrawn.

**Amount Payable:** Amount to be paid by above department only.


**Partial Submission Information:** If you have something that was charged to your Credit Card but is an expense of another Department, please note that in this box. *All amounts here plus Amount Payable above should sum to Total Statement Balance.*

**Explanation of Expenditure:** This area is pre-filled. Use this to double check that all necessary support documentation has been included.

**Signature of Cardholder:** Signature of the Cardholder.

**Signature of Department Manager:** This signature is only necessary if the Cardholder is not the Department Manager of the Department specified in the form.

**Signature of State 4-H Program Leader:** Upon receipt from FormSite, Foundation staff will provide all Payment Request to the State 4-H Program Leader for approval of expenditures. If approval is not granted, notification will be sent via email with explanation to the Department Manager and/or Cardholder.

 <b>Texas 4-H Youth Development Foundation</b> F.O. Box 11020 College Station, Texas 77842-1020		Ref # _____
<b>CREDIT CARD PAYMENT REQUEST FORM</b> <small>Revised August 2018</small>		
<b>Date:</b> _____		
<b>Person Submitting Request:</b> _____		
<b>Contact Phone Number:</b> _____		
<b>Name of Cardholder:</b> _____		
<b>Total Statement Balance:</b> _____		
<b>Department:</b> _____		
<b>Amount Payable by Above Department:</b> _____		
Partial Submission: <input type="checkbox"/> Yes <input type="checkbox"/> No Does YOUR credit card have charges which another department manager is paying? If so, please note in this section. They must also submit a separate payment request.		Amount \$ _____ Other Department _____ Amount \$ _____ Other Department _____ Amount \$ _____ Other Department _____
<b>Make Check Payable to:</b> Chase Mastercard		
<b>Explanation of Expenditure*:</b>		See attached: <input type="checkbox"/> Chase Statement <input type="checkbox"/> Chase Mastercard Expenditure Detail <input type="checkbox"/> Receipts (ALL Receipts need to be itemized)
<small>* Attach copies of bills, invoices, receipts, and/or vouchers. (If copies are not available, a signed affidavit of cost and justification will be required.)</small>		
Signature of Cardholder, verifies adequate account and proper use of funds.		Date
Signature of Department Manager (if different from Cardholder), verifies adequate account and proper use of funds.		Date
Signature of State 4-H Program Leader, verifies compliance with contracts/agreements.		Date

## **Step 7: Submitting your Payment Request**

Submit your payment request via FormSite at [http://fs4.formsite.com/state4h/foundation/form\\_login.html](http://fs4.formsite.com/state4h/foundation/form_login.html). Please see FormSite Instructions for assistance.

# Affidavit of Expenditure Form

## Step 1: Download the Affidavit of Expenditure Form

Download the Affidavit of Expenditure Form which can be found under the Faculty Login section of the State 4-H website at [texas4-h.tamu.edu/secured/](http://texas4-h.tamu.edu/secured/), password **team4h**.

## Step 2: Completing the Form

**IMPORTANT NOTE:** If two or more receipts/ supporting documentation are lost in one month, the cardholder will be given a warning. If this occurs in two consecutive months or more than three times in one fiscal year, the Cardholder's access may be suspended and reviewed. Potential misuse will result in deactivation of the cardholder's account.

**Date of Expenditure:** Date transaction occurred.

**Vendor's/Service Provider's Name:** Name of the vendor from which the item was purchased.

**Vendor's/Service Provider's Address:** Address of the vendor.

**Vendor's/Service Provider's City, State, Zip:** Location of vendor.

**Department:** Department from which the funds will be withdrawn.

**Amount of Expenditure:** The amount of the purchase.

**Reason the Receipt for this Expenditure is Not Available:** Explanation of why you do not have a receipt for this purchase. (Example: the parking meter was out of receipt paper and after hours so unable to request a duplicate copy)


**Explanation of Expenditure:** Descriptions must include the 5-W's: Who, What, When, Where and Why. (Example: Awards for the D2 Livestock Judging Contest held August 5, 2016 in Lubbock.

**Person Requesting Reimbursement:** Record name, title, address, and phone number for the person who lost the receipt.

**Signature of Person Requesting Reimbursement:** Signature of person requesting reimbursement.

## Step 3: Submitting the Form

Submit the form as part of a Credit Card Payment Request via FormSite at [http://fs4.formsite.com/state4h/foundation/form\\_login.html](http://fs4.formsite.com/state4h/foundation/form_login.html). Please see FormSite Instructions for assistance. No Payment Request Form is required.

	<b>Texas 4-H Youth Development Foundation</b> P.O. Box 11020 College Station, Texas 77842-1020
<b>AFFIDAVIT OF EXPENDITURE FORM</b> <small>Revised: December 2014</small>	
<small>If two or more receipts are lost in one month, the cardholder will be given a warning. If this occurs in two consecutive months or more than three times in one fiscal year, the cardholder's access may be suspended and reviewed. Potential misuse will result in deactivation of the cardholder's account.</small>	
<small>I, the undersigned, hereby certify that the following purchase or expenditure, being presented for reimbursement from funds administered by the Texas 4-H Youth Development Foundation, was made for the purposes of advancing the Texas 4-H Youth Program. The original receipt for the purchase or expenditure has been lost, stolen or is otherwise unavailable to be presented for reimbursement. I further certify and promise that reimbursement for this same purchase or expenditure has not been and will not be requested from any other agency or institution nor has it been claimed as an unreimbursed employee expense or in any other way claimed as a deduction for Federal income tax purposes.</small>	
Date of Expenditure:	<input type="text"/>
Vendor's/Service Provider's Name:	<input type="text"/>
Vendor's/Service Provider's Address:	<input type="text"/>
Vendor's/Service City, State, Zip:	<input type="text"/>
Department:	<input type="text"/>
Amount of Expenditure:	<input type="text"/>
Reason the Receipt for this Expenditure is Not Available:	<input type="text"/>
Explanation of Expenditure:	<input type="text"/>
<b>Person Requesting Reimbursement:</b>	
Name:	<input type="text"/>
Title:	<input type="text"/>
Address:	<input type="text"/>
City, State, Zip:	<input type="text"/>
Phone Number:	<input type="text"/>
Signature of Person Requesting Reimbursement	Date
<b>Please Submit with Payment Request Form</b>	

# Request to Transfer Funds

A Request to Transfer Funds should be completed by the Department withdrawing the funds, approved, and then be emailed to the Department Manager receiving funds.

## Step 1: Download the Request to Transfer Funds Form

Download the Request to Transfer Funds Form, which can be found under the Faculty Login section of the State 4-H website at [texas4-h.tamu.edu/secured/](http://texas4-h.tamu.edu/secured/), password **team4h**.

## Step 2: Completing the Form

**Date:** The date you submitted the form.

**Transfer from Department:** The expense side of the transfer request.

**Transfer to Department:** The income side of the transfer request.


**Transfer Amount:** The amount to be transferred.

**Purpose of this Transfer:** Detailed reason why the fund transfer is necessary. (Example: D4 is reimbursing D5 for their portion of the cost of Leadership Lab.)

**Signature of Department Manager Transferring Account:** Person who authorizes the expense to post to their financial records.

**Signature of Department Manager:** Person who authorizes the income to post to their financial records.

**Signature of State 4-H Program Leader:** Once received in FormSite, the Foundation will seek approval of the State 4-H Program leader before processing the transfer.

 <b>Texas 4-H Youth Development Foundation</b> P.O. Box 11020 College Station, Texas 77842-1020		Payment Ref # _____
		Deposit Ref # _____
<b>REQUEST TO TRANSFER FUNDS</b> <small>Revised: July 2016</small>		
Date:		
Transfer from Department:		
Transfer to Department:		
Transfer Amount:		
Purpose of the Transfer:		
<b>REQUESTED BY:</b>		
Signature of Department Manager Withdrawing Funds, verifies adequate account of funds and proper use of funds.		Date
Signature of Department Manager Receiving Funds, verifies proper use of funds.		Date
Approved by State 4-H Program Leader, verifies compliance with contracts/agreements.		Date

## Step 3: Submit via FormSite

The Department RECEIVING the funds will submit the Request to Transfer Funds Form via FormSite at [http://fs4.formsite.com/state4h/foundation/form\\_login.html](http://fs4.formsite.com/state4h/foundation/form_login.html) and select "Transfer—Deposit Side." The Department SENDING the funds will submit the Request to Transfer Funds Form via FormSite and select "Transfer—Payment Side."

# Reading Your Financial Reports

These instructions will assist in reading your financial reports from the Foundation.

## Step 1: Reading Check Register

This report is intended to reflect a bank statement and give you your total deposits, total withdrawals and a balance for your account. You will see your deposits (debit) in **GREEN** and withdrawals (credit) in **RED** along with your balance in **BLUE**. The balance shown is a running balance, so the bottom number is the final ending balance for your account. Take note of your beginning balance in **PURPLE**. This is the most recently certified balance for the previous month. In the example below, beginning balance represents the balance as of 8/31/2014.

TEXAS 4-H YOUTH DEVELOPMENT FOUNDATION, INC.  
D09 CHECK REGISTER FOR MONTH  
September 2014

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	DEBIT	CREDIT	BALANCE
PROGRAMS 4-H CONNECT WF #6626							
09/01/2014	Deposit				\$390.00		390.00
09/02/2014	Deposit				\$260.00		650.00
Total for PROGRAMS 4-H CONNECT WF #6626					\$650.00		
PROGRAMS - CHECKING WF #1408							
Beginning Balance							5,229.27
09/05/2014	Check	2823	FedEx	Invoice 2-748-35153 Freight Acct 4362-6338-4		\$34.60	5,194.67
09/05/2014	Check	2826	Lone Star Ambulance 1, LLC	Invoice 14045237:1 & 14045238:1 Ambulatory Fees at Horse Show		\$150.00	5,044.67
09/10/2014	Check	EFT 9.15	Chase Credit Card Services			\$42.15	5,002.52
09/30/2014	Deposit				\$220.00		5,222.52
Total for PROGRAMS - CHECKING WF #1408					\$220.00	\$226.75	

Tuesday, Oct 28, 2014 01:18:26 PM PDT GMT-5 - Cash Basis

Notice your register may have two bank accounts (Example: #6626 and #1408 in **RED**). To obtain your total balance, you will need to add the final balance line from each bank account in **BLUE**. This will be your total account balance that you will certify in FormSite as discussed in Step 4 on the following pages.

TEXAS 4-H YOUTH DEVELOPMENT FOUNDATION, INC.  
D09 CHECK REGISTER FOR MONTH  
September 2014

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	DEBIT	CREDIT	BALANCE
PROGRAMS 4-H CONNECT WF #6626							
09/01/2014	Deposit				\$390.00		390.00
09/02/2014	Deposit				\$260.00		650.00
Total for PROGRAMS 4-H CONNECT WF #6626					\$650.00		
PROGRAMS - CHECKING WF #1408							
Beginning Balance							5,229.27
09/05/2014	Check	2823	FedEx	Invoice 2-748-35153 Freight Acct 4362-6338-4		\$34.60	5,194.67
09/05/2014	Check	2826	Lone Star Ambulance 1, LLC	Invoice 14045237:1 & 14045238:1 Ambulatory Fees at Horse Show		\$150.00	5,044.67
09/10/2014	Check	EFT 9.15	Chase Credit Card Services			\$42.15	5,002.52
09/30/2014	Deposit				\$220.00		5,222.52
Total for PROGRAMS - CHECKING WF #1408					\$220.00	\$226.75	

Tuesday, Oct 28, 2014 01:18:26 PM PDT GMT-5 - Cash Basis

\$5,872.52

## Step 2: Reading Income Detail Report

This report is intended to provide you with details on the deposits from your Check Register. For this example, refer to the 9/30/2014 deposit of \$220 in **RED**. In the Check Register the Memo/Description line simply states deposit. Refer to the same date on your Income Detail Report and you will see the details of that specific deposit.

**TEXAS 4-H YOUTH DEVELOPMENT FOUNDATION, INC.**  
D09 CHECK REGISTER FOR MONTH  
September 2014

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	DEBIT	CREDIT	BALANCE
<b>PROGRAMS - 4-H CONNECT WF #6626</b>							
09/01/2014	Deposit				\$390.00		390.00
09/02/2014	Deposit				\$260.00		650.00
<b>Total for PROGRAMS 4-H CONNECT WF #6626</b>					<b>\$650.00</b>		
<b>PROGRAMS - CHECKING WF #1408</b>							
Beginning Balance							5,229.27
09/05/2014	Check	2823	FedEx	Invoice 2-748-35153 Freight Acct 4362-6338-4		\$34.60	5,194.67
09/05/2014	Check	2826	Lone Star Ambulance 1, LLC	Invoice 14045237:1 & 14045238:1 Ambulatory Fees at Horse Show		\$150.00	5,044.67
09/10/2014	Check	EFT 9-15	Chase Credit Card Services			\$42.15	5,002.52
09/30/2014	Deposit				\$220.00		5,222.52
<b>Total for PROGRAMS - CHECKING WF #1408</b>					<b>\$220.00</b>	<b>\$226.75</b>	

Tuesday, Oct 28, 2014 01:18:26 PM PDT GMT-5 - Cash Basis

**TEXAS 4-H YOUTH DEVELOPMENT FOUNDATION, INC.**  
D09 - INCOME DETAIL REPORT  
September 2014

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	AMOUNT
<b>September 1, 2014</b>					
09/01/2014	Deposit			10% - CC settlements - Fall Council Meeting	390.00
<b>Total for September 1, 2014</b>					<b>\$390.00</b>
<b>September 2, 2014</b>					
09/02/2014	Deposit			10% - CC settlement - Fall Council Meeting	260.00
<b>Total for September 2, 2014</b>					<b>\$260.00</b>
<b>September 8, 2014</b>					
09/08/2014	Deposit			5% - Fall Council Meeting - Ref#7888077	233.39
<b>Total for September 8, 2014</b>					<b>\$233.39</b>
<b>September 30, 2014</b>					
09/30/2014	Deposit			10% - Fall Council Meeting - Grimes - T#20056	25.00
09/30/2014	Deposit			10% - Fall Council Meeting - Brazoria - T#20127	50.00
09/30/2014	Deposit			10% - Fall Council Meeting - San Jacinto - T#20070	25.00
09/30/2014	Deposit			10% - Fall Council Meeting - Walker - T#20068	60.00
09/30/2014	Deposit			5% - Fall Council Meeting/Adult Leader Dues - Ref#7888058	10.00
09/30/2014	Deposit			5% - Fall Council Meeting/Adult Leader Dues - Ref#7888058	50.00
<b>Total for September 30, 2014</b>					<b>\$220.00</b>

Wednesday, Oct 29, 2014 09:19:01 AM PDT GMT-5 - Cash Basis

On the Income Detail Report, the Memo/Description line in **BLUE** contains important information, such as a percentage, event name, donor name, source of funds, and reference number. The percent refers to the Foundation management fee for that specific deposit (12% for donations/15% for grants). The Reference number (Ref#) refers to the FormSite upload reference number.

### Step 3: Reading Expense Detail Report

This report is intended to provide you with details on the expenses from your Check Register. For this example, refer to the 10/10/2014 check 2994 for \$361.76 in **RED**. In the Check Register the Memo/Description line gives you the memo line from the actual check. Refer to the same date and check number on your Expense Detail Report in **BLUE** and you will see the details of that specific payment request.

**TEXAS 4-H YOUTH DEVELOPMENT FOUNDATION, INC.**  
**YOUTH LIVESTOCK & AGRICULTURE CHECK REGISTER FOR MONTH**  
 October 2014

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	DEBIT	CREDIT	BALANCE
<b>PROGRAMS - CHECKING WF #1408</b>							
Beginning Balance							
10/02/2014	Check	2989	Texas A&M AgriLife Ext-025501	Account 025501-1395		\$43.55	7,013.00
10/02/2014	Check	2985	Texas A&M AgriLife Ext-025501	Account 025501-1395		\$6.00	6,969.45
10/10/2014	Check	3013	CC Creations	Inv # N113020		\$384.00	6,579.45
10/10/2014	Check	3016	District 5 TCAAA			\$250.00	6,329.45
10/10/2014	Check	3009	Jessica Cowan	Travel Reimbursement		\$266.00	6,063.45
10/10/2014	Check	2993	Zanolini, Billy	Travel reimbursement		\$963.20	5,100.25
10/10/2014	Check	2998	Garland, Tam	Travel reimbursement		\$103.04	4,997.21
10/10/2014	Check	2994	Zanolini, Billy	Travel reimbursement		\$361.76	4,635.45
10/15/2014	Deposit				\$1,760.00		6,395.45
10/16/2014	Check	3030	Moriah J Beyers	Personal Reimbursement		\$171.43	6,224.02
<b>Total for PROGRAMS - CHECKING WF #1408</b>					<b>\$1,760.00</b>	<b>\$2,548.98</b>	

*Wednesday, Oct 29, 2014 10:23:29 AM PDT GMT-5 - Cash Basis*

**TEXAS 4-H YOUTH DEVELOPMENT FOUNDATION, INC.**  
**YOUTH LIVESTOCK & AGRICULTURE - EXPENSE DETAIL REPORT**  
 October 2014

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	AMOUNT
<b>October 2, 2014</b>					
10/02/2014	Check	2985	Texas A&M AgriLife Ext-025501	April mileage (R# 7898395)	-6.00
10/02/2014	Check	2989	Texas A&M AgriLife Ext-025501	January conference call (R# 7889499)	-13.07
10/02/2014	Check	2989	Texas A&M AgriLife Ext-025501	July conference call (R# 7894161)	-30.48
<b>Total for October 2, 2014</b>					<b>\$ -49.55</b>
<b>October 10, 2014</b>					
10/10/2014	Check	3016	District 5 TCAAA	District 5 TCAAA West Coast Professional Improvement Tour	-250.00
10/10/2014	Check	3013	CC Creations	Invoice N113020 - Ambassador t-shirts	-384.00
10/10/2014	Check	3009	Jessica Cowan	Travel in Dallas area, Kroger Store Engagement (R# 7916254)	-266.00
10/10/2014	Check	2998	Garland, Tam	Travel reimbursement Texas Livestock Project Conference (R# 7920687)	-103.04
10/10/2014	Check	2994	Zanolini, Billy	Travel reimbursement 4-H Faculty Retreat, Youth Trail Ride Meeting, D5 Faculty Conference, State Fair (R#7918213)	-361.76
10/10/2014	Check	2993	Zanolini, Billy	Travel reimbursement West Region, TAE4HA, D8 Retreat, District 4 Faculty (R# 7918170)	-963.20
<b>Total for October 10, 2014</b>					<b>\$ -2,328.00</b>
<b>October 16, 2014</b>					
10/16/2014	Check	3030	Moriah J Beyers	Texas Tech Livestock Ambassador short course expenses (Ref#7923639)	-171.43
<b>Total for October 16, 2014</b>					<b>\$ -171.43</b>

*Wednesday, Oct 29, 2014 10:50:39 AM PDT GMT-5 - Cash Basis*

In the Expense Detail Report the Memo/Description line contains important information. The “Explanation of Expense” section of the Payment Request Form will be used for the memo as well as the reference number from FormSite.

### Step 4: Certifying Monthly Balances

Once you have reconciled your financials against the Foundation financials and confirmed that the balances match as described in Step 1, you will need to certify your balance via FormSite at [http://fs4.formsite.com/state4h/foundation/form\\_login.html](http://fs4.formsite.com/state4h/foundation/form_login.html). Please see FormSite Instructions for assistance.

# Reading Your Invoice for Fees Report

## Step 1: Verify the Invoice for Fees Report

Refer to your Monthly Income Detail Report to verify the Invoice for Fees Report is accurate. Only items indicated with a "5%" within the Memo/Description will be included in your Invoice for Fees. Fees for the month will be expensed on your financials in the month following the date of the Invoice for Fees.

TEXAS 4-H YOUTH DEVELOPMENT FOUNDATION, INC.					Ref # _____
Invoice for Fees: Shooting Sports Events					
July 2016					
Date	Transaction Type	Memo/Description	Income Amount	5% Foundation Fees	
07/26/2016	Sales Receipt	5% - Donation to the Texas 4-H Foundation - Coach Shoot - Re##8843730	220.00	11.00	
07/26/2016	Deposit	5% - Cash Donations for Coach Shoot - Re ##8843730	880.00	44.00	
07/26/2016	Sales Receipt	5% - Donation to the Texas 4-H Foundation - Coach Shoot - Re##8843730	40.00	2.00	
07/26/2016	Sales Receipt	5% - Donation to the Texas 4-H Foundation - Coach Shoot - Re##8843730	60.00	3.00	
07/26/2016	Sales Receipt	5% - Donation to the Texas 4-H Foundation - Coach Shoot - Re##8843730	400.00	20.00	
07/26/2016	Sales Receipt	5% - Donation to the Texas 4-H Foundation - Coach Shoot - Re##8843730	100.00	5.00	
07/26/2016	Sales Receipt	5% - Donation to the Texas 4-H Foundation - Coach Shoot - Re##8843730	60.00	3.00	
07/26/2016	Sales Receipt	5% - Donation to the Texas 4-H Foundation - Coach Shoot - Re##8843730	100.00	5.00	
<b>TOTALS</b>			<b>1,860.00</b>	<b>93.00</b>	
Check Total - Prior Month Report Total					
Transfer to Foundation:	\$	93.00			
hereby authorize the transfers indicated above:	<input type="text"/>		<input type="text"/>		
	Signature of Primary Program Manager of Transferring Account		Date		

## Step 2: Submitting the Fees Statement

Submit your signed Invoice for Fees Report via FormSite at [http://fs4.formsite.com/state4h/foundation/form\\_login.html](http://fs4.formsite.com/state4h/foundation/form_login.html) using Financial Category "Monthly Fees Statement." Please see FormSite Instructions for assistance. No Payment Request Form is required.



# FormSite Instructions

We ask that all payment requests, deposits, and transfers be submitted online. We will no longer accept them via email, mail, or person-to-person.

## Step 1: Login and Create a Login

Go to [http://fs4.formsite.com/state4h/foundation/form\\_login.html](http://fs4.formsite.com/state4h/foundation/form_login.html) to login to your account under *Returning Users*. If you do not already have a login please create a login under *New Users*.

The screenshot shows a login page with two main sections: 'New Users' and 'Returning Users'. The 'New Users' section has four input fields: Username, Password, Confirm Password, and Email Address, each followed by a 'Submit' button. The 'Returning Users' section has two input fields: Username and Password, each followed by a 'Submit' button. Below the 'Returning Users' section is a 'Forgot Password?' section with an 'Email Address' input field and a 'Submit' button.

## Step 2: Form Completion

Once logged in, select **Payment Request/Deposit/Transfer Submission** or **Monthly Balance Certification** from the drop-down menu.

The screenshot shows the 'Texas 4-H Youth Development Foundation Financial Request Submissions' page. At the top, it says 'Successful Login For: jcbarratt'. Below that, it says 'Please continue and fill out the form. Answers will be saved in your account.' The main section has a yellow background and contains a dropdown menu with the following options: 'Payment Request / Deposit / Transfer Submission', 'Payment Request / Deposit / Transfer Submission', 'Monthly Balance Certification', and '2014-12-09'. Below the dropdown menu, it says '\* Indicates Response Required'. At the bottom, there are two buttons: 'Save Partial Work' and 'Next >>'.

**Only One** Payment Request /Deposit/Transfer or Monthly Balance Certification can be submitted per session (include support documents such as receipts). Once submitted, each document will be assigned a reference number which will be used for financial tracking.

### Step 3: Payment Request/Deposit/Transfer Submission (Monthly Balance Certification skip to Step 4)

Filling out the form:

**Email of Person Submitting:** Only submit requests on behalf of a department you represent. For example, if D-10 submits a payment request for Roundup, the request must be approved by the Roundup Department Manager.

**Department:** This will be the department from which the funds will be deposited or withdrawn.

**Financial Category:** Select the type of transaction you wish to complete.

**Priority Level:** Only select the rush button if you need your request processed faster than the normal 10 business day turnaround. Please explain your situation in the comment box at the bottom of the form.

**Type of Payment Request:** Please note IF the request is for Chase Mastercard, Mileage, CenturyLink, or Fees Statement.

**Attachment:** You must include the proper Foundation form along with your support documents (Example: check copy, invoice, receipts, etc.)

**Deposits Only:** Please select the most current status of the funds.

Texas 4-H Youth Development Foundation  
Financial Request Submissions

Progress: 33% Complete

**Payment Request, Transfers and Non-Connect Deposits**

\* Email of person submitting document:   
 \* Department:

\* FINANCIAL CATEGORY:   
 \* Amount of Payment / Deposit:

Priority Level (Normal processing is 10 business days)  
 RUSH

Please check if payment request is for the following :  
 Chase Mastercard  
 Mileage  
 CenturyLink  
 Fees Statement

**ATTACHMENT UPLOAD**

Payment Request: Complete a Texas 4-H Foundation Payment Request form, attach receipt(s) and ensure form has correct signature(s). Scan and upload one payment request per submission.  
 Deposit Transmittal: Complete Texas 4-H Foundation Non-Connect Deposit Form and attach a copy of the checks or Square/PayPal transaction. Scan and upload one transmittal request per submission.

\* Attachment:  No file chosen

**For Deposits Only**

Funds Status (DEPOSITS ONLY)  
 Mailed to Foundation  
 Already received by Foundation  
 Other:

### SKIP TO STEP 5

Texas 4-H Youth Development Foundation  
Financial Request Submissions

Progress: 67% Complete

**Monthly Balance Certification**

\* Email of person submitting document:

* Department: <input type="text"/>	* Balance: <input type="text"/>
Department: <input type="text"/>	Balance: <input type="text"/>
Department: <input type="text"/>	Balance: <input type="text"/>
Department: <input type="text"/>	Balance: <input type="text"/>
Department: <input type="text"/>	Balance: <input type="text"/>
Department: <input type="text"/>	Balance: <input type="text"/>
Department: <input type="text"/>	Balance: <input type="text"/>
Department: <input type="text"/>	Balance: <input type="text"/>
Department: <input type="text"/>	Balance: <input type="text"/>

\* Month Certifying :  
 January  February  March  April  May  June  
 July  August  September  October  November  December

\* I hereby certify that the monthly balances for the said department(s) agree to the financial statement sent to me by the Texas 4-H Youth Development Foundation.

\* Name of person certifying balances:

### Step 4: Monthly Balance Certification

Each month we will ask that you certify that the end of the month balance on your books matches the balance of your Department’s Check Register report received from the Foundation.

Filling out the form:

**Email of Person Submitting:** Only submit requests on behalf of a department you represent. For example, if D-10 submits a payment request for Roundup, the request must be approved by the Roundup Department Manager.

**Department:** Select the Department you are certifying.

**Balance:** Enter the end of month balance that you are confirming per Department.

**Month Certifying:** Check the month you are certifying.

**Signature:** Sign this box using your computer mouse (to the best of your ability) certifying your balances.


**Name of person certifying:** Type the name of the person that signed.

Please certify all of the departments you manage in one certification.

## Step 5: Submit

Once you have accurately completed your form, click the submit button at the bottom of the form. If properly processed, the window below will appear on your screen. If you need to submit additional documents, at this screen you can do so. You will be REQUIRED to login again at this point. Your reference number is noted on the Submission Complete screen. You may print for your records if you would like.

Thank you for your submission



**Submission Complete. Your reference number is 8023921**

DO NOT USE THE BACK BUTTON TO SUBMIT AN ADDITIONAL PAYMENT REQUEST

If you need to submit another request, [click here](#)

Thank you ~ Texas 4-H Foundation Staff

When you login again, you should see the window below that will list all submissions you have completed. Pay special attention to the **REFERENCE #** as this will appear on the memo of your reconciliation reports to help cross reference your request. We recommend saving each upload with a unique name, related to your submission, which will appear in the "ATTACHMENT" column to help you track your submissions.

Reference #	Updated	Select the option of submit...	Date Submitted	Email of person submitting ...	Department	FINANCIAL CATEGORY	Amount of Payment / Deposit	Priority Level (Normal proc...	Please check if payment req...	Attachment	Funds
8023912	2014-12-09 13:06:21	Payment Request / Deposit / Transfer Submission	2014-11-30	<a href="mailto:jcbarrett@aq.tamu.edu">jcbarrett@aq.tamu.edu</a>	Foundation	Payment Request	140.96		Chase Mastercard	<a href="#">Oct_CC Stmt.pdf (321k)</a>	
8016795	2014-12-05 10:33:53	Payment Request / Deposit / Transfer Submission	2014-12-05	<a href="mailto:jcbarrett@aq.tamu.edu">jcbarrett@aq.tamu.edu</a>	Foundation	Payment Request	750.00	RUSH		<a href="#">Foundation Grant Crosby 12.5.pdf (1351k)</a>	
8016660	2014-12-05 09:25:44	Payment Request / Deposit / Transfer Submission	2014-12-05	<a href="mailto:jcbarrett@aq.tamu.edu">jcbarrett@aq.tamu.edu</a>	Foundation	Payment Request	434.40		Mileage	<a href="#">Sept Mileage.pdf (98k)</a>	
8011361	2014-12-02 11:11:43	Payment Request / Deposit / Transfer Submission	2014-12-02	<a href="mailto:jcbarrett@aq.tamu.edu">jcbarrett@aq.tamu.edu</a>	Foundation	Non-Connect Deposit	30.00			<a href="#">Fnd Non-Connect Deposit SALE-LE 12.2.14.doc (765k)</a>	Already
8000081	2014-11-24 16:00:39	Payment Request / Deposit / Transfer Submission	2014-11-24	<a href="mailto:jcbarrett@aq.tamu.edu">jcbarrett@aq.tamu.edu</a>	Foundation	Non-Connect Deposit	296.00			<a href="#">SALE-LE.pdf (72k)</a>	Already
7962504	2014-11-24 16:35:18			<a href="mailto:jcbarrett@aq.tamu.edu">jcbarrett@aq.tamu.edu</a>	Foundation	Non-Connect Deposit	185.00			<a href="#">Alumni 11.3.14.pdf (157k)</a>	Already