



***Spectrum
Operations &
Navigational
Guide
(SONG)***





Georgia State University – Spectrum System ***Spectrum Operations & Navigational Guide (SONG)***

Here is a composite picture of the reengineered business processes that have interactions with the Spectrum System. Several processes are self-contained in the system, and the user manuals provide instructions on how to complete these processes. However, there are some processes that require the user to perform functions outside the Spectrum System. Attached are summaries of these processes and the steps that are required in each process - both in and out of the system.

Please note that all forms referenced in this document can be found on the Spectrum System website at <http://www.gsu.edu/spectrum>. In order to help you further, the forms have been attached to each process sheet.

Purchase Requisition

<i>Online Process</i>	
▶	Refer to user manual.
<i>Paper Process</i>	
▶	Complete <i>Purchase Requisition Form</i> (Attachment 1).
▶	Deliver to Purchasing, 9 th Floor, One Park Place, for processing.
<i>Questions??</i>	
▶	Call Purchasing at 1-2330.

Attachment:

- ◆ Purchase Requisition Form
-



Attachment 1

Date	
Req	
PO#	

PURCHASE REQUISITION

Please type or print the following information:

Recommended Vendor & Telephone #:	Requestor:	
	Telephone #	
	Delivery Location:	
	Ship To :	
	Due Date:	

Account Number to Charge (use Speedtype or Account Distribution below):

Account	Fund	Department	Program	Subclass	Budget Period	Project	Speedtype

Requested Items:

Line	Description	Qty	Unit Price	Unit of Measure	Extended Price
	Total				

Comments:

Approvals:

Requestor:		Date:
Department Head:		Date:
Other Approving Authority:		Date:

If you have any questions, please call Purchasing at 1-2330

Travel Requisition & Reimbursement Process

Travel Requisition	
Online Process	
▶	Refer to user manual. REQUISITIONS SHOULD ONLY BE USED FOR BLANKET TRAVEL PER SEMESTER.
Paper Process	
▶	Complete Travel Authorization/Requisition Form (Attachment 2).
▶	Deliver to Purchasing, 9 th Floor, One Park Place, for processing.
Questions??	
▶	Call Purchasing at 1-2330.

Travel Advance & Settlement	
Online Process	
▶	Not available.
Paper Process	
▶	Department completes Travel/Project Advance Form (Attachment 3).
▶	Submit form to Disbursements, who will issue the traveler the advance payment.
▶	Settle your account promptly!
▶	If the amount of the expenditure is greater than the travel advance, you will receive a net reimbursement after the travel expense statement has been processed.
▶	If the amount of the expenditures is less than the travel advance, return the excess advance amount by completing the Deposit Remittance Form (Attachment 12) with speedtype and acct # 132300 and submit with amount due to Cashier's Office. Attach the receipt from the Cashier's Office to the Travel Expense Statement and send to Office of Disbursements.
Questions??	
▶	Call Disbursements at 1-3343 or 1-3369.

Continued on next page...

Travel Requisition & Reimbursement Process (Cont'd)

Travel Expense Statement	
Online Process	
▶	Not available.
Paper Process	
▶	Complete Travel Expense Statement (Attachment 4). <ul style="list-style-type: none"> •Reference the travel requisition/travel voucher number •Attach original supporting documentation <i>See panels below to locate requisition or voucher number.</i>
Questions??	
▶	Call Disbursements at 1-2323 or 1-3340.

Requisition Items - Use - Requisitions

File Edit View Go Favorites Use Process Inquire Report Help

Requisition Form | Header Details | Form Defaults | Activities

Unit: GSUFS Requisition ID: 0000000320 Req Date: 05/18/1999 Status: Open Origin / Organization: DRG

Requester: Moorman, Tom 612250000

Line	Item / Category	Quantity / Desc	UOM / ShipTo	Price / Date	Com
1	64400 Airfare for Employee Travel	1.0000	EA CENTRAL	500.00000	
2	64400 Employee Travel Reimbursement	1.0000	EA CENTRAL	0.01000	
3	64400 Bus, Taxi, Limo, Shuttle, Trai	1.0000	EA CENTRAL	0.01000	
4	64400 Lodging for Travel	1.0000	DAY CENTRAL	0.01000	

Line Details... Line Defaults... Item... Schedule... Comments... From 1 To 9

Requisition Form Update/Display

Enter Voucher Information - Use - Express Voucher

File Edit View Go Favorites Use Process Inquire Report Help

Invoice Information | Schedule Payment | Record Payment | Approvals and Matching | Accounting Information | Currency

Unit: GSUFS **Voucher: 00123456** Group: [] Lines: 1 Balance: 0.00

Name: [] Loc: 000001

Vendor: [] Addr: 1

Terms: NOV Gross: 7.00 USD Use: [] 0.00
 Date: 08/20/2003 Sales: 0.00
 Invoice: **advance overpay** Freight: 0.00 Type: [] Schedule: []
 Received Date: 08/20/2003

Distribute by SpeedChart

Amount	Item	Description	Quantity	UOM	Unit Price
7.00		overpayment of	1.0000	EA	7.00000

Amount	Account	Fund	DeptID	Program	Class	Bdgt Pd
1 7.00	132300	20	1 0	1210	64000	2000

Asset	Stat	Proj/Grt	GL Unit	Exch Rate	Openitem	Quantity	Suspense
			GSUFS	1.000000000	000507929	1.0000	

Invoice Information | Update/Display

Attachments:

- ✦ Travel Authorization/Requisition Form
 - ✦ Travel/Project Advance Form
 - ✦ Travel Expense Statement
-



Date:	
TRA #	

TRAVEL AUTHORIZATION

(For Blanket Travel Only)

Please type or print the following information:

Traveler's Name	
Traveler's ID#	
Traveler's Address 1:	
Traveler's Address 2:	
Travel to:	
Travel Dates:	
Purpose of trip:	
Expenses to be charged to Department/Project:	
Classes/duties in my absence will be handled by:	

Account Number to Charge (use Speedtype or Account Distribution below):

Fund	Department	Program	Subclass	Budget Period	Project	Speedtype

Estimated Expenses:

Line	ACCOUNT	Description	Amount
1	64010	Employee Travel	
2	64010	Airfare for Employee Travel	
3	64010	Ground Transportation	
4	64010	Personal Automobile Mileage	
5	64010	Lodging for Employee Travel	
6	64010	Meals with Employee Travel	
7	64010	Tips, not for meals	
8	64010	Other Employee Travel Expenses	
9	64010	Travel Agency Payment	
		Total	

Comments:

Approvals:

Requestor:		Date:
Telephone #		
Department Head:		Date:
Other Approving Authority:		Date:

This authorization does not imply automatic approval of individual items of expense, but serves the purpose of approving the trip and determining the sufficiency of funds within the Department's budget. Actual expenses will be reimbursed in accordance with GSU travel regulations.

If you have any questions, please call Purchasing at 1-2330



Attachment 3

TRAVEL/PROJECT ADVANCE

Send To: Office of Disbursements
 400 A Sparks Hall
 1-2323 or 1-3340
 Please allow **5 business days** for processing

Date Issued:
Voucher Number: (For Disbursements Use Only)

Name & Remittance Address of Individual Receiving Advance	Department Name:
	Contact Telephone:
	Contact Email Address:
Panther Card ID:	Travel Requisition/Voucher Number (Required for Travel Advance):

Reason for Advance

Date Check Needed:

Return/Completion Date:

Settlement Date: **30 Calendar Days** After Return/Completion Date.

Distribution

SpeedChart	Amount	Account (6)	Fund (2)	Department (9)	Program (4)	SubClass (5)	Budget Pd (4)	Project/Grant (5)

Total Advance Requested

- ❶ I certify that the above information is correct, and that I will abide by all rules and regulations regarding such advances.
- ❷ I will account for this advance within **THIRTY (30) CALENDAR DAYS** after the completion of the trip/activity. I authorize the Human Resources/Payroll Office to deduct from my paycheck(s)/stipend(s) any advances paid and not accounted for within **THIRTY (30) CALENDAR DAYS** after the completion date of the trip/activity.
- ❸ I will return any unused funds promptly. I will prepare a Deposit Remittance Form, submit it to the University Cashier (100 Sparks Hall), and attach the receipt from the Cashier's Office to the Travel Expense Statement and forward to the Office of Disbursements.

I approve of the issuance of this advance and will assist in the collection if any delinquency occurs.

Recipient _____ Date _____	Authorized Approver for Budget Unit (Required; Must be different from Requestor) _____ Date _____
Mail Check <input type="checkbox"/>	EFT <input type="checkbox"/>

**GEORGIA STATE UNIVERSITY
TRAVEL EXPENSE STATEMENT**

Note: Please enter information in the non-shaded boxes only!

Name of Traveler:	Requisition/Voucher Number
Address:	Title:
	Department:
	Phone Number:
City, State, Zip:	Panther Card ID #:
Date & Time Departed:	Date & Time Returned:

DAILY EXPENSES

Date	Location/ Point Visited	Lodging (attach receipt)	Breakfast (actual-incl tip)	Lunch (actual-incl tip)	Dinner (actual-incl tip)	Food Total	Total: Food & Lodging	For Disb Use Only
		\$	\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	\$	

MISCELLANEOUS EXPENSES

Date	Miscellaneous Expense PLEASE EXPLAIN	Parking	Tolls	Tips for Transportation	Tips for Lodging	Carrier/Taxi Shuttle (attach receipt for >\$25)	Other PLEASE EXPLAIN	Total
		\$	\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$	\$

MILEAGE RECORD (Personally owned automobile and aircraft)

Date	Points Visited		GA auto license/ FAA aircraft license	Odometer		Miles Traveled		
	From	To		Starting	Ending	Total	Personal	State Use
Total Miles Traveled for State Purpose								

Please note that transportation outside of the state will be by common carrier unless specifically authorized in advance of the trip.

Purpose of the trip (attach prior approval form if applicable):	Please check if traveling under standing authorization:	

SUMMARY AND SWORN STATEMENT

Summary of Reimbursement:		Statement of Traveler:	
Total Food:	\$	<i>I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by a fine of not more than \$1,000 or by imprisonment for not less than 1 year nor more than 5 years, or both, that the above statements are true and I have incurred the described expenses & state use mileage in the discharge of official duties for the State and have not been reimbursed and have not filed nor will file for reimbursement for any other source for said expenses.</i>	
Total Lodging:	\$		
Total Airfare (attach passenger ticket copy):	\$		
Total Airfare to AAA travel agency:	\$		
Total mileage @28 cents/mile:	\$		
Total miscellaneous expense:			
Total Travel Expenditure:	\$	Traveler's Signature:	Date:
Travel Advance:	\$		
Net Reimbursement Due:	\$	Authorized Approver for Budget Unit (Required; Must be different from traveler):	Date:
Send to (department, residence, other):			

Express Voucher

Department receives invoice for non-personal service item(s) for less than \$5,000 (same as current process).

Partial Online Process

- ▶ Department completes online express voucher (refer to user manual).
- ▶ Write Voucher I.D. number (obtained from online express voucher) on **Voucher I.D. transmittal sheet** (VID - Attachment 5).
- ▶ Staple VID to upper left corner of invoice. See panel below to locate voucher number.
- ▶ Send invoice with attached VID to Disbursements (400A Sparks Hall) for processing.
- ▶ If requesting employee reimbursement for registration for another person, the registrant must sign the Employee Certification for Reimbursements (Attachment 6).

Paper Process

- ▶ Department completes **Payment Request form** (Attachment 7) with appropriate signatures.
- ▶ Department sends Payment Request form with invoice to Disbursements for payment.

Questions??

- ▶ Call Disbursements at 1-3368 or 1-3370.

Enter Voucher Information - Use - Express Voucher

File Edit View Go Favorites Use Process Inquire Report Help

Invoice Information Schedule Payment Record Payment Approvals and Matching Accounting Information Currency

Unit: GSUFS Voucher: 00000195 Group: Lines: 1 Balance: 0.00

ShortName: A.C. WHITE Loc: 1 A.C. White Moving Systems
6000 Wheaton Drive
Atlanta, GA 30336

Vendor: 580629390 1099

Terms: NET30 Gross: 50.00 USD Use: 0.00

Inv Date: 03/03/1999 Freight: 0.00 Sales: 0.00

Invoice #: System Test Received Date: 03/03/1999 Type: PRJ Proj: A3006

Distribute by

Amount	Item ID	Description	Quantity	UOM	Unit Price
50.00		Test	1.0000	EA	50.00000

SpeedChart	Amount	Account	Fund	Org	Program	Sub-Cls	BY	Project
1	50.00	714000	10	1107000	1110	14000	1999	

Asset Stat Proj GL Unit Rate Openitem Quantity Suspense

GSUFS 1.0000000 1.0000

Invoice Information Update/Display

Voucher I.D. Transmittal Sheet

Date: 7/1/99

Voucher ID: 00000195

<p style="text-align: center;">Voucher I.D. Transmittal Sheet</p> <p>Date: _____</p> <p>Voucher ID: _____</p>	<p style="text-align: center;">Voucher I.D. Transmittal Sheet</p> <p>Date: _____</p> <p>Voucher ID: _____</p>
<p style="text-align: center;">Voucher I.D. Transmittal Sheet</p> <p>Date: _____</p> <p>Voucher ID: _____</p>	<p style="text-align: center;">Voucher I.D. Transmittal Sheet</p> <p>Date: _____</p> <p>Voucher ID: _____</p>
<p style="text-align: center;">Voucher I.D. Transmittal Sheet</p> <p>Date: _____</p> <p>Voucher ID: _____</p>	<p style="text-align: center;">Voucher I.D. Transmittal Sheet</p> <p>Date: _____</p> <p>Voucher ID: _____</p>
<p style="text-align: center;">Voucher I.D. Transmittal Sheet</p> <p>Date: _____</p> <p>Voucher ID: _____</p>	<p style="text-align: center;">Voucher I.D. Transmittal Sheet</p> <p>Date: _____</p> <p>Voucher ID: _____</p>

Employee Certification for Reimbursements

I do solemnly affirm, under criminal penalty of a felony for false statements subject to punishment by a fine of not more than \$1,000 or by imprisonment for not less than 1 year nor more than 5, or both, that the attached registration invoice/receipt is for institutional purposes only and that reimbursement or payment has not been previously requested and/or paid by any other source.

Signature of Requester of Reimbursement

Employee Certification for Reimbursements

I do solemnly affirm, under criminal penalty of a felony for false statements subject to punishment by a fine of not more than \$1,000 or by imprisonment for not less than 1 year nor more than 5, or both, that the attached registration invoice/receipt is for institutional purposes only and that reimbursement or payment has not been previously requested and/or paid by any other source.

Signature of Requester of Reimbursement

Travel Voucher

Online	
▶	Refer to user manual.
Paper Process	
▶	Not available.
▶	Departments should enter travel vouchers and have them approved through workflow prior to trip.
Questions??	
▶	Call Disbursements at 1-3343 or 1-3369.

Consultant Payments of less than \$2,500 or 1 Day or Less

<i>Partial Online Process: (expense shows in budget immediately!)</i>	
▶	Department completes <i>Payment Request form</i> (Attachment 7).
▶	Department completes online express voucher (refer to user manual). If vendor is not in database, contact Purchasing to add vendor with social security or FEI number.
▶	Department writes Voucher I.D. number (obtained from online express voucher) in upper right corner of the Payment Request form.
▶	Online express voucher electronically goes through Spectrum System workflow.
▶	Upon completion of work, consultant signature, and authorized individual signature, department sends Payment Request form to Disbursements for payment.
<i>Paper Process: If immediate expense of the consultant fee is not necessary.</i>	
▶	Department completes Payment Request form with appropriate signatures.
▶	Upon completion of work, consultant signature, and authorized individual signature, department sends Payment Request form to Disbursements for payment.
<i>Questions??</i>	
▶	Call Disbursements at 1-3344.

Attachment:

- ◆ Payment Request Form
-



Attachment 7

PAYMENT REQUEST

For Non-Encumbered Goods Less Than \$5,000, Registrations, Employee & Non-Employee Reimbursements & Services For 1 Day or Less Than \$2,500.

Send To: Disbursements
400 A Sparks Hall

Date Issued:
Voucher Number:

Vendor Name & Remittance Address	Department Name:
	Requestor/Initiator:
	Requestor/Initiator E-mail:
Social Security/FEI Number: (Panther Card ID for Employees/Students)	Requestor/Initiator Telephone:
State of Georgia Employee? Yes () No () Please check the appropriate response	Federal Employee? Yes () No () Please check the appropriate response

Residency Status for Tax Purposes:

Is the payee a US Citizen or Permanent Resident Alien (Green Card holder)? Yes _____ No _____

- ♦ If yes, circle the status and process for payment.
- ♦ If no, complete the Foreign National Information Form and include it with the Payment Request form, submitting both to Disbursements.

Invoice Information

Invoice Date	Date Invoice Received	Date Goods Received	Invoice Number	Gross Amount	Sales Tax	Freight	Description

Distribution

SpeedChart	Invoice Number	Amount	Account (6)	Fund (2)	Dept (9)	Program (4)	SubClass (5)	Bgt Yr (4)	Project/Grant (5)

Please attach all supporting documentation.

Certification: I do solemnly affirm, under criminal penalty of a felony for false statements subject to punishment by a fine of not more than \$1,000 or by imprisonment for not less than one year nor more than five, or both, that the statements are true and that the described item(s) is/are for institutional purposes only and that reimbursement or payment has not been previously requested and/or paid by Georgia State University and that payment has not been requested and/or paid by any other source.

The Governor's Executive Order requires that all invoices be paid within thirty (30) days of the later of (1) the date of the invoice, (2) receipt of goods, or (3) receipt of invoice. A memo of explanation must accompany all requests for payments that do not meet these criteria.

Performance of Services

Description of Service(s)	Date(s) of Service(s)
Type of Service	
Consultant _____	Visiting Lecturer _____
Non-Employee Reimbursement _____	Other _____

Except for extraordinary circumstances, all payments must be mailed to vendors. If payment is not to be mailed to vendor, list name of individual who will pick up check. Include telephone number.

<p>I certify that I have not received reimbursement from another source(s) for any expenses/services claimed. In the event payment is received from another source(s) for any portion of the expenses/services claimed, I assume responsibility for repaying the University in full for those expenses. Additionally, I certify:</p> <p>1) The number shown on this form is my correct tax identification number and I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding</p>	<p>as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding; and</p> <p>2) The gross amount is accepted as payment in full.</p> <p>By signing the voucher, the individual is certifying that he/she is authorized on the ChartField combination(s), that the charges are appropriate to the ChartField combination(s) being charged, and the charges are legitimate expenses within the University guidelines.</p>
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Signature of Payment Recipient _____	Telephone Number _____	Signature of Authorized Approver for Budget Unit (Required & must be different than requestor above)
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Consulting Agreements Up To \$25,000

<i>Online Process</i>	
▶	Department completes Consulting Agreement (Attachment 8) with Exhibit A. <i>An Exhibit A template (Statement of Work, et al) will be provided by Legal Affairs.</i>
▶	Legal Affairs must review any non-standard agreement or changes to the Consulting Agreement.
▶	Department completes online requisition with Exhibit A in comments on header panel (refer to user manual).
▶	Department writes requisition number (obtained from online consultant requisition) on Consulting Agreement in upper right corner.
▶	Online requisition electronically goes through Spectrum System workflow.
▶	Send consulting agreement to the last workflow approver before the Dean/VP.
▶	Last workflow approver initials consulting agreement.
▶	Consulting Agreement is sent to the Dean or Vice President for signature.
▶	Consulting Agreement is sent to Disbursements (400A Sparks Hall).
▶	Department receives invoice for consultant services.
▶	Department completes Consultant Payment Authorization form (Attachment 9) and staples to upper left corner of invoice.
▶	Department sends invoice with attached Consultant Payment Authorization form to Disbursements for payment.

Consultant Payment Authorization (CPA Form)

Date	
Consultant Req #	

Partial Payment
 Final Payment

The services described in the attached invoice have been satisfactorily performed and payment is authorized.

Signature of Requester of Services

For Consultant Requisitions greater than \$25,000.00 and less than \$250,000.00: in addition to above, send to Vice President for Finance and Administration for signature.

(and will ensure that Consultant's employees and subcontractors shall) supply all assistance reasonably requested in securing for the University's benefit any patent, copyright, trademark, service mark, license, right or other evidence of ownership of any such intellectual property, and will provide full information regarding any such item and execute all appropriate documentation prepared by the University in applying or otherwise registering, in the University's name, or in the name of any cooperative organization of the University, all rights to any such item. The University does not grant any licenses to Consultant to use any intellectual property developed under this Agreement.

5. **Term.** The term of this Agreement shall be as set forth in Exhibit A attached hereto.
6. **Warranty.** Consultant warrants that in performing the Services:
 - a. Consultant will strictly comply with the descriptions and representations as to the Services (including performance, capabilities, accuracy, completeness, scheduling characteristics, specifications, configurations, standards, functions and requirements) which appear herein and Consultant and any employees of Consultant will perform the Services on time;
 - b. Consultant's products, if any, will conform to generally applicable standards in the industry;
 - c. the Services will not be in violation of any applicable law, rule or regulation, and Consultant will obtain all permits required to comply with such laws and regulations;
 - d. the Services will not violate or in any way infringe upon the rights of third parties, including proprietary information and non-disclosure rights, or any trademark, copyright or patent rights;
 - e. Consultant is the lawful owner or licensee of all proprietary material or intellectual property used in the performance of the Services contemplated herein, such programs have been lawfully developed or acquired by the Consultant, and the Consultant has the right to permit the University access to or use of such intellectual property or proprietary material;
 - f. with respect to any Consultant personnel designated as "Key Personnel" in Exhibit A, the assignment of Consultant personnel to perform the Services will be continuous throughout the term of the Agreement, except in the case of the termination of employment of any such Key Personnel by Consultant;
 - g. Consultant shall assign to the University the manufacturers' warranties for material furnished to the University by the Consultant;
 - h. Consultant will screen all employees supplied to the University by Consultant in the performance of Consultant's services to ensure that each employee is fully qualified to perform the Services, and if required by law or ordinance, is validly licensed and/or has obtained all requisite permits to perform such Services for the University.
7. **Proprietary Information.** Consultant acknowledges that in order to perform the Services called for in this Agreement, it may be necessary for the University to disclose to Consultant certain Proprietary Information in the possession of the University. Consultant further acknowledges that the Services, including any deliverables, may of necessity incorporate such Proprietary Information. In that event, Consultant agrees that it shall not disclose, transfer, use, copy, or allow access to any such Proprietary Information, identified as such orally or in writing, to any employees or to any third parties, excepting those who have a need to know such Proprietary Information, in order to allow Consultant to perform the Services, and who have executed a non-disclosure agreement consistent with the provisions herein.
8. **Indemnification.**
 - a. Consultant does hereby indemnify and shall hold harmless the University and the Board of Regents of the University System of Georgia and their members, agents, servants and employees (each of the foregoing being hereinafter referred to individually as "Indemnified Party") against all claims, demands, causes of action, actions, judgments, or other liability, including attorneys' fees (other than liability solely the fault of the Indemnified Party) arising out of, resulting from, or in connection with, this Agreement, including, but not limited to: (1) the violation of any third party's trade secrets, proprietary information, trademarks, copyright, patent rights, or other intellectual property rights; (2) all injuries or death to persons or damage to property, including theft; (3) Consultant's failure to perform all obligations owed to Consultant employees, including any claim Consultant's employees might have or make for privilege, compensation, or benefits under any employee benefit plan; and (4) any and all sums that are due and owing by Consultant to the Internal Revenue Service for withholding, FICA, and unemployment or other state and federal taxes.
 - b. Consultant's obligation to indemnify any Indemnified Party will survive the expiration or termination of this Agreement by either party for any reason.
9. **Acceptance of Services.** Consultant shall provide written notification of completion of any deliverables, or other performance of services, to the University. The University shall have thirty (30) days from the

date of receipt of the notice of completion to provide Consultant with written notification of acceptance or rejection due to unsatisfactory performance. Consultant shall, as quickly as is practicable, correct at its expense all deficiencies caused by Consultant, its employees, agents, contractors or subcontractors.

10. **Key Personnel.** In the event that any "Key Personnel" are listed in Exhibit A, the parties agree that such personnel are essential to the Services offered pursuant to this Agreement and are not employees of the University or relatives of such employees. The parties further agree that should any such Key Personnel no longer be employed by Consultant during the term of this Agreement, for whatever reason, the University shall have the right to terminate this Agreement on thirty (30) days written notice to Consultant.
11. **Termination.**
 - a. Each party has the right to terminate this Agreement immediately if the other party breaches, is in default of any obligation hereunder, or otherwise performs the Services in an unsatisfactory manner.
 - b. The University may terminate this Agreement immediately by written notice to Consultant and may regard Consultant in default of this Agreement if Consultant becomes insolvent, makes a general assignment for the benefit of creditors, files a voluntary petition of bankruptcy, suffers or permits the appointment of a receiver for its business or assets, or becomes subject to any proceeding under any bankruptcy or insolvency law, whether domestic or foreign, or has wound up or liquidated business, whether voluntarily or otherwise.
 - c. Either party may terminate this agreement without cause with thirty (30) days written notice to the other party. However, if Consultant terminates, the University will have no further financial obligation to Consultant after the date of the notice of termination
12. **Funding.** Notwithstanding any other provision of this Agreement, the parties agree that the charges payable hereunder by the University are payable solely from appropriations made by the General Assembly of the State of Georgia. In the event such appropriations are determined, in the sole discretion of the chief operating officer of the University, to no longer exist or to be insufficient with respect to the charges payable hereunder, this Agreement shall automatically and immediately terminate without further obligation of the University as of that moment.
13. **Taxes.** Consultant will pay all taxes lawfully imposed upon it with respect to the Services or this Agreement, including but not limited to all federal and state unemployment taxes, FICA and income taxes. The Consultant certifies that (a) the tax identification number listed is correct (b) he/she is not subject to backup withholding according to the Internal Revenue Service rules and regulations.
14. **Assignment.** Consultant shall not assign or subcontract the whole or any part of this Agreement without the University's prior written consent.
15. **Site of Services.** Consultant will perform the Services at a location other than the University's premises if possible. If the Services are such that, in the University's sole discretion, they must be performed on the University's premises, the University will provide Consultant office space and facilities to the extent the University deems it necessary to perform the Services.
16. **Drug Free Work Place.**
 - a. If Consultant is an individual, he or she hereby certifies that he or she will not engage in the unlawful sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of this Agreement.
 - b. If Consultant is an entity other than an individual, it hereby certifies that:
 - (1) A drug free work place will be provided for the Consultant's employees during the performance of this Agreement; and
 - (2) It will secure from any subcontractor hired to work in a drug free work place the following written certification: "As part of the subcontracting agreement with "Consultant's Name), (Subcontractor's Name), certifies to Consultant that a drug free work place will be provided for subcontractor's employees during the performance of this Agreement pursuant to paragraph 7 of subsection B of Official Code of Georgia Annotated Section 50-24-3."
 - c. Consultant may be suspended, terminated, or debarred if it is determined that:
 - (1) Consultant has made false certification herein.
 - (2) Consultant has violated such certification by failure to carry out the requirements of Official Code of Georgia Annotated Section 50-24-3.

17. **Non-Discrimination.** The Consultant shall not discriminate against any individual on the basis of age, race, color, religion, national origin, sex or disability. Further, the Consultant agrees to comply with all non-discriminatory laws and policies to which the University is subject. The University provides accommodations for the disabled as required by law. However, Consultant agrees to be solely responsible for all costs and expenses associated with any such accommodation(s) related to this Agreement and, without limitation, the Scope of Work to be performed hereunder. Notwithstanding any other provision of this Agreement, the University reserves the right to change the Statement of Work as set forth in Exhibit A of this Agreement to better meet the needs of the disabled and reserves the right to immediately cancel this Agreement due to the University's inability to provide such accommodation(s).
18. **Insurance.** Consultant shall insure against all losses and damages which are the result of or the fault or negligence of the Consultant, its agents, servants, members, employees, contractors and subcontractors. Consultant shall at the time of the execution of this Agreement furnish the University with a copy of said policy or a certificate that such insurance has been issued naming the Board of Regents of the University System of Georgia by and on behalf of Georgia State University as the Certificate Holder.
19. **Waiver.** The waiver by the University of any breach of any provision contained in this Agreement shall not be deemed to be a waiver of such provision on any subsequent breach of the same or any other provision contained in this Agreement. Any such waiver must be in a properly signed writing in order to be effective, and no such waiver or waivers shall serve to establish a course of performance between the parties contradictory to the terms hereof.
20. **Applicable Law.** This Agreement shall be governed by the laws of the State of Georgia.
21. **Uniform Commercial Code.** All Services performed hereunder shall, to the greatest extent possible, be deemed "goods" within the meaning of the Uniform Commercial Code of Georgia.
22. **Non-profit Organization.** If the Consultant is or is a member of a non-profit organization, consultant warrants that it is in compliance with the requirements of O.C.G.A. 50-20-1, et seq. regarding state government relations with nonprofit contractors.
23. **Entire Agreement.** This Agreement constitutes the entire agreement between the parties with respect to the subject matter. This Agreement may be amended, but only upon advance mutual written agreement by the parties.

IN WITNESS WHEREOF the parties have executed this Agreement on the date last written below.

AGREED TO BY:

THE BOARD OF REGENTS OF THE
UNIVERSITY SYSTEM OF GEORGIA
BY AND ON BEHALF OF GEORGIA
STATE UNIVERSITY (*required*)

CONSULTANT (*required*)

Signature

Signature

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

FEI/SS#: _____

Date: _____

Exhibit A

I. Statement of Work

The Consultant agrees to provide the following consulting services to the University: (Must specifically detail the work to be done.)

II. Payment Schedule

The University agrees to pay the Consultant for the satisfactory performance of the work detailed herein the total sum of _____ to be paid as follows:

III. Term

The term of this Agreement shall commence on _____ and terminate on _____, unless otherwise terminated in accordance with other provisions of this Agreement. Further, this Agreement is renewable upon the advance written mutual agreement of the University and the Consultant.

IV. Key Personnel

Key personnel (non-University personnel only) for this Agreement are as follows:



Attachment 10

Date:	

CONSULTANT REQUISITION

Please type or print the following information:

Consultant's Name	
SSN or FEI #	
Address:	
City, State, ZIP Code:	
State of Georgia Employee?	
Federal Employee?	
Employer's Name:	
Expenses to be charged to Department / Project:	

Residency Status for Tax Purposes:

Is the payee a US Citizen or Permanent Resident Alien (Green Card holder)? Yes ____ No ____

◆ If yes, circle the status and process for payment.

◆ If no, complete the Foreign National Information Form and include it with the Consultant Requisition form, submitting both to Disbursements.

Account Number to Charge (use Speedtype or Account Distribution below):

Fund	Department	Program	Subclass	Budget Year	Project	Amount	Speedtype

Estimated Expenses:

Line	Category	ACCOUNT	Description	Amount
1	75103	751103	Consultant Contract	
2	75210	752100	Per Diem & Fees Reimbursement	
			Total	

Comments:

Approvals:

Requestor:		Date:
Telephone #		
Department Head:		Date:
Other Approving Authority:		Date:

If you have any questions, please call Disbursements at 1-3340

Petty Cash Reimbursement, Petty Cash Advances, Deposits

Online	
▶	Not Available
Paper Process	
▶	<p>Department completes the appropriate form (see Attachments 11-13) with the Spectrum account number. The numbers that should be included are Fund, Program, Department, SubClass, Budget Period (if applicable), Project, and Account.</p> <p>All signatures must be legible.</p>
▶	<p>Department brings form and necessary supporting documentation to the Cashier's Office. Receipts and check deposits that are more than 30 days old require written explanation from the department business manager and/or project directors.</p>
Questions??	
▶	Call the Cashier's Office at 1-2428 or 1-2429.

Attachments:

- ◆ Petty Cash Reimbursement Form
 - ◆ Petty Cash Advance Form
 - ◆ Deposit Remittance Form
-



Attachment 11

PETTY CASH REIMBURSEMENT

For Non-Encumbered Goods

Deliver in Person To: University Cashier
 100 Sparks Hall
 Hours: 9am – 4pm
 (404)651-2428 or (404)651-2429

Date Issued:
Voucher Number:

Vendor Name & Remittance Address	Department Name:
	Individual Receiving Reimbursement:
	Panther Card ID Number of Individual Receiving Reimbursement:
Social Security/FEI Number:	Contact Telephone:

Receipt/Invoice Information

Invoice Date	Date Invoice/ Goods Received	Invoice Number	Gross Amount	Sales Tax	Freight	Description
Total Amount						

Please attach all supporting documentation. Original receipt/invoice must be marked "PAID".

Distribution

SpeedChart	Invoice Number	Amount	Account (6)	Fund (2)	Dept (9)	Program (4)	SubClass (5)	Budget Pd (4)	Project/Grant (5)

Certification: *I do solemnly affirm, under criminal penalty of a felony for false statements subject to punishment by a fine of not more than \$1,000 or by imprisonment for not less than one year nor more than five, or both, that the statements are true and that the described item(s) is/are for institutional purposes only and that reimbursement or payment has not been previously requested and/or paid by Georgia State University and that payment has not been requested and/or paid by any other source.*

The Governor's Executive Order requires that all invoices be paid within thirty (30) days of the later of (1) the date of the invoice, (2) receipt of goods, or (3) receipt of invoice. A memo of explanation must accompany all requests for reimbursement that do not meet these criteria.

By signing the voucher, the individual is certifying that he/she is authorized on the ChartField combination(s), that the charges are appropriate to the ChartField combination(s) being charged, and the charges are legitimate expense within the University guidelines.

Signature of Authorized Individual

Cashier's Use Only:	Receipt Number:
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Attachment 12

PETTY CASH ADVANCE

For Non-Encumbered Goods

Deliver in Person To: University Cashier
 100 Sparks Hall
 Hours: 9am – 4pm
 (404)651-2428 or (404)651-2429

Date Issued:

Voucher Number:

Name & Remittance Address of Individual Receiving Advance	Department Name:
	Contact Telephone:
Social Security Number:	Amount of Advance Request

Reason for Advance

Distribution

SpeedChart	Invoice Number	Amount	Account (6)	Fund (2)	Dept (9)	Program (4)	SubClass (5)	Budget Pd (4)	Project/Grant (5)

Certification: I certify that an acknowledgement statement supports the advance request listed above. All cash advances will be settled within 3 business days. I do solemnly affirm, under criminal penalty of a felony for false statements subject to punishment by a fine of not more than \$1,000 or by imprisonment for not less than one year nor more than five, or both, that the statements are true and that the advance is for institutional purposes only.

By signing the voucher, the individual is certifying that he/she is authorized on the ChartField combination(s), that the advance is appropriate to the ChartField combination(s) being charged, and the advance will be used for legitimate expenses within the University guidelines.

Signature of Authorized Individual

Cashier's Use Only:	Receipt Number:
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Attachment 13

DEPOSIT REMITTANCE FORM

Date Deposit Made:

Deliver in Person To: University Cashier
 100 Sparks Hall
 Hours: 9am – 4pm
 (404)651-2428 or (404)651-2429

Department Making Deposit

Department Name:	Organization Number (9 digits):
Person Making Deposit:	
Contact E-mail:	Contact Telephone:
Signature of Person Making Deposit:	

Source of Funds/Explanation of Deposit

Deposit Composition	Amount
Currency (USD)	
Coins (USD)	
	Cash Subtotal
Checks (List Each Check Separately Below or Attach Check Log)	
	Total Deposit

Distribution

SpeedChart	Amount	Account (6)	Fund (2)	Dept (9)	Program (4)	SubClass (5)	Budget Pd (4)	Project/Grant (5)
Total Deposit								

List of Checks Deposited

Check Date	Check Number	Remitter's Name	Amount
Total Amount of Checks Listed			

Cashier's Use Only:	CRV Number:	Receipt Number:
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Timesheets

Online	
▶	Not Available
Paper Process	
▶	Department completes timesheets using their Spectrum account number or speedtype. The numbers that should be included are Fund, Program, Department, and (if applicable) Project.
▶	Send timesheets to Human Resources.
Questions??	
▶	Call Human Resources at 1-2380.

Budget Amendments, Journal Entries, and Workflow Approval Routings

Three processes remain unique to each college or vice presidential area, and users should continue to follow the business processes established by their Campus Rollout Team member. These processes are:

1. Establishing or amending organization budgets,
2. Processing general ledger journal entries, and
3. Changes in workflow approval routings.

Campus Rollout Team members can be found on the Spectrum website at www.gsu.edu/spectrum on the Communications page.