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Spectrum Operations & Navigational Guide (SONG)



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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 <u>http://www.gsu.edu/spectrum</u>. In order to help you further, the forms have been attached to each process sheet.

Purchase Requisition

Online Process				
	Refer to user manual.			
Paper Process				
►	Complete Purchase Requisition Form (Attachment 1).			
►	Deliver to Purchasing, 9 th Floor, One Park Place, for processing.			
Questions??				
	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):

Αссоι	ınt	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. <i>REQUISITIONS SHOULD ONLY BE USED</i> FOR BLANKET TRAVEL PER SEMESTER.			
Paper Process				
▶	Complete <i>Travel Authorization/Requisition Form</i> (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 <i>Travel/Project Advance Form</i> (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). •Reference the travel requisition/travel voucher number •Attach original supporting documentation See panels below to locate requisition or voucher number.			
Questions??				
►	Call Disbursements at 1-2323 or 1-3340.			

🚚 Requi	sition Items - Use - Requ	uisitions				_	
<u>F</u> ile <u>E</u> dit	_ <u>V</u> iew_ <u>G</u> o_F <u>a</u> vorites_ <u>U</u>	se <u>P</u> rocess <u>I</u> nquire	<u>R</u> eport <u>H</u> e	elp			
8	🕸! 🔚 🗙 📲 🗉 🗉				+ 🗸 🍫		
Requisitio	n Form Header Details Fo	orm Defaults Activities	1				
Unit /	Requisition ID Req D)ate Status		Origin / Org	anization		
GSUFS	000000320	3/1999 Open		- DRG +		Kit	:
	Requester: Moon	man,Tom	<u> </u>	• 612250000	+	Cata	log
Line	e Item / Category	Quantity /	Desc	UOM / ShipTo	Price	/Date Con	n
	1	•	1.0000	EA	+	500.00000	-
	64400 + Airfare	e for Employee Trav	el	CENTRAL	•		
	2	•	1.0000	EA	+	0.01000	
	64400 🔸 Emplo	yee Travel Reimbu	sement	CENTRAL	•		
	3	+	1.0000	EA	+	0.01000	
	64400 🔸 Bus, 1	axi, Limo, Shuttle,	Trai	CENTRAL	+		
	4	+	1.0000	DAY	+	0.01000	
	64400 + Lodgi	ng for Travel		CENTRAL	•		•
Line De	tails Line Defaults	Item Sche	dule Co	omments Fre	om 1	To 9	1
		Requisition F	orm	Update/D	isplay		

Distance of the second	_ 🗆 🗙
Invoice Information Schedule Payment Record Payment Approvals and Matching Accounting Information Curren	ĸx∎₽
Unit: GSUFS Voucher: 00123456 Group: Lines: 1 Balance:	0.00
Name: Loc: 000001 +	
Vendor:	
Terms: NOV + Q Gross: 7.00 USD Use: + Q	0.00
Date: 08/20/2003 Sales: 0.00 Type: Schedule: Image: Control of the second	
Invoice: advance overpayi Date: 08/20/2003	
Amt 1	─┼┶║
Amt 1 Description Quantity UOM Unit Price	
Amount Rem Description Equantity One Price 7.00 Image: Comparison of the price 1.0000 EA Image: Comparison of the price)
Amount Account Fund DeptID Program Class Bdgt Pd 1 7.00 132300 20 1 0 1210 64000 2000	-
Proj/Grt GL Unit Exch Rate OpenItem Quantity Suspense	
Asset Stat GSUFS + 1.0000000 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	t/Project:	
Classes/duties in my absence will be h	andled 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	Date:
Authority:	

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



-							tachme	ent 3
	TRAVE	L/PROJEC	T ADVANCI	E	D	ate Issued:		
	e of Disbursements					oucher Number		
	Sparks Hall				(F	or Disbursements U	Jse Only)	
	3 or 1-3340 e allow 5 business d	avs for process	ina					
Name & Remittance	Address of Individual R	eceiving Advance	ing		Department Name:			
					Contact Telephone:			
					Contact Email Addres			
Panther Card ID:					Travel Requisition/Vo	ucher Number (Re	quired for Tr	avel Advance):
			Reason fo	or Advance				
		Date Check N	Jeeded:					
		Bute Cheek I						
	Re	turn/Completio	n Date:					
		a . 1						
		Settlemer	it Date: 30 Cal	endar Days A	After Return/Comp	letion Date.		
			Distr	ibution				
SpeedChart	Amount	Account	Fund	Department	Program (4)	SubClass (5)	Budget	Project/Grant
		(6)	(2)	(9)			Pd (4)	(5)
			+					
	1	, 1,1 , 1 ,		T Ca	Total Advance Req		• .1 11 .	· · · · · ·
	e above information is co s regarding such advance		ll abide by all rules	l approve of the delinquency o	he issuance of this adva occurs.	nce and will assist i	in the collect	on if any
-								
I will account j the completion	for this advance within T of the trip/activity. I aut	horize the Human H	NDAK DAYS after Resources/Payroll					
	ct from my paycheck(s)/st							
date of the trip	within THIRTY (30) CA1 /activity.	LENDAR DAIS aj	er ine completion					
• I will return ar	<i>y unused funds promptly.</i>	I will propage a F)anosit Ramittanoo					
	ty unusea junas prompity. It to the University Cashie							
receipt from th	e Cashier's Office to the for the Disbursements.							
io ine Office of	Disdursements.							
				Authorized	Approver for Bud	get Unit (Requi	red; Must	be different
Recipient		1	Date	from Reque		- · ·	Date	

Mail Check

EFT

Attachment 4

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

MISCELLANEOUS EXPENSES

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

MILEAGE RECORD (Personally owned automobile and aircraft)

Date	Points V	Visited	GA auto license/	Odom	eter		Miles Traveled	
	From	То	FAA aircraft license	Starting	Ending	Total	Personal	State Use
Total I	Miles Traveled	for State Purpo	se					

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:			
		I do solemnly swear, under criminal penalty of a felony for false statements subject to			subject to
Total Lodging:	\$	punishment by a fine of not more than \$1,000 or by imprisonment for not less that		s than 1	
Total Airfare (attach passenger ticket copy):	\$	year nor more than 5 years, or both, that the above statements are true and I have		have	
Total Airfare to AAA travel agency:	\$	incurred the described expenses & state use mileage in the discharge of official duties		ial duties	
Total mileage @28 cents/mile:	\$	for the State and have not been reimbursed and have not filed nor will file for		r	
Total miscellaneous expense:		reimbursement for any other source for said expenses.			
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):					

irrent process). artial Online	
	Department completes online express voucher (refer to user manual).
•	Write Voucher I.D. number (obtained from online express voucher) on <i>Voucher I.D. transmittal sheet</i> (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 <i>Payment Request form</i> (Attachment 7) with appropriate signatures.
Þ	Department sends Payment Request form with invoice to Disbursements for payment.
	Questions??
	Call Disbursements at 1-3368 or 1-3370.
	•
Enter Vouche	r Information - Use - Express Voucher
	<u>G</u> o F <u>a</u> vorites <u>U</u> se Pr <u>o</u> cess <u>I</u> nquire <u>R</u> eport <u>H</u> elp

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nvoice Information Schedule	Payment Record Payment Approvals and Matching Accounting Information Currency 💻 🕨
Unit: GSUFS Youcher:	: ♥00000195 Group:
ShortName: A.C. VHITE	Loc: 1 A.C. White Moving Systems
	COOD Viscotes Drive
Yendor: 580629390	+ 1099 Atlanta, GA 30336
Terms: NET30 + Q	K Gross: 50.00 USD Use: + K 0.00
Inv Date: 03/03/1999	Freight: 0.00 Q Sales: 0.00 Q
Invoice #: System Test	Received 03/03/1999 Type: PRJ + Proj: A3006 + C [[[]
Distribute by	
Amt	1 ID Reference:
Amount Item II	D Description Quantity UOM Unit Price
50.00	
, <u> </u>	
SpeedChart Amou	
	50.00 714000 10 1107000 1110 14000 1999
Asset Stat Proi	GL Unit Rate OpenItem Quantity Suspense
Asset Stat Proj	GL Unit Rate OpenItem Quantity Suspense GSUFS I.0000000 I.0000 I.0000 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
Asset Stat Proj	GSUFS + 1.0000000 1.0000

Voucher I	.D. Transmittal Sheet
Date:	7/1/99
Voucher ID:	00000195

Attachment 5

Voucher I.D. Transmittal Sheet	Voucher I.D. Transmittal Sheet
Date:	Date:
Voucher ID:	Voucher ID:
Voucher I.D. Transmittal Sheet	Voucher I.D. Transmittal Sheet
Date:	Date:
Voucher ID:	Voucher ID:
Voucher I.D. Transmittal Sheet	Voucher I.D. Transmittal Sheet
Date:	Date:
Voucher ID:	Voucher ID:
Voucher I.D. Transmittal Sheet	Voucher I.D. Transmittal Sheet
Voucher I.D. Transmittal Sheet Date:	Voucher I.D. Transmittal Sheet Date:

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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

D ortial Or	Dential Online Dresses (annument all and in herderet immediated in the				
Partial Un	line Process: (expense shows in budget immediately!)				
▶	Department completes Payment Request form (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.				
Paper Pro	<i>cess:</i> If immediate expense of the consultant fee is not necessary.				
	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.				
	Questions??				
	Call Disbursements at 1-3344.				

Attachment:

✦ Payment Request Form



Invoice Information Invoice Date Date Invoice Date Goods Invoice Number Gross Amount Take Freight Description Invoice Date Date Invoice Received Invoice Number Gross Amount Take Freight Description Invoice Number SubClass Bgt Yr Project/Grant SpeedChart Invoice Number Amount Account Fund Col Invoice Number Invoice Number <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>tachm</th><th>ent 7</th></td<>												tachm	ent 7
Reimbursements & Services For 1 Day or Less Than \$2,500. Voucher Number: Voucher Number: 400 A Sparks Hall Voucher Number: Voucher Number: Vendor Num & Remittance Address Department Name: Requestor/Initiator: Recomposed Thittaker I-leads: Requestor/Initiator: Requestor/Initiator: Social Second: D Dat Imply news: Students) Requestor/Initiator: No () Residency Students for TaX Purposes: Requestor/Initiator: No () Residency Students for TaX Purposes: No () Residency Students for TaX Purposes: In Proce Date Date Toroiges for payment. No No If no complete the Foreign National Information Form and include it with the Payment Request form, submitting both to Disbursements. Invoice Namber Tax Description Invoice Date Date Goods Invoice Namber Fords Ansourt Sales Regiver Sales Regiver Specification: Invoice Namber Ansourt Account Yes Invoice San Paymer Sales Regiver Resident Students (Sales Regiver Resident Student								Date Issu	ed:				
Send To: Dichursments Vender Number: Vender Numbe & Remutance Address Department Name: Requestor-Initiance: Requestor-Initiance: Requestor-Initiance: Requestor-Initiance: (Pather Card ID Die Employee? Yes () No () Federal Employee? Yes () No () State of Georgia Employee? Yes () No () Federal Employee? Yes () No () Please check the uppropriate response: No In the payse a US Citizzen or Permanent Resident Alien (Green Card holder)? Yes No No If yes, circle the status and process for payment. No If no, complete the Foreign National Information Form and include it with the Payment Request form, submitting both to Disbursements. Invoice National Information Form and include it with the Payment Request form, submitting both to Disbursements. Invoice National Information Form and include it with the Payment Request form, submitting both to Disbursements. Invoice National Information Form and include it with the Payment Request form submitting both to Disbursements. Invoice National Reserved						k Non-Employ	vee						
Vendor Name & Remittance Address Deputrment Name: Requestor Initiator: Requestor Initiator: Requestor Initiator: Requestor Initiator: (Pather Card ID for Engloyce: Students) Requestor Initiator Telephone: (Pather Card ID for Engloyce: Students) Requestor Initiator Telephone: (Pather Card ID for Engloyce: Students) Requestor Initiator Telephone: (Pather Card ID for Engloyce: Students) Reductator ID and Information Forn and Include it with the Payment Request form, submitting both to Disbursements. If yes, circle the status and process for payment. If no, complete the Foreign National Information Forn and include it with the Payment Request form, submitting both to Disbursements. Invoice Date Date Invoice Invoice Number Gross Ansount Sates Freight Description Received Received Invoice Number Gross Ansount Sates Freight Description SpeedChart Invoice Number Gross Ansount Sates Freight Description SpeedChart Invoice Number Ansount Construct Freight Description Received Ansount Construct Freight Description Received Ansount Construct Freight Period SpeedChart Invoice Number Freight Period <td colspan="4">Send To: Disbursements</td> <td></td> <td></td> <td></td> <td>Voucher</td> <td>Number:</td> <td></td> <td></td>	Send To: Disbursements							Voucher	Number:				
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(Partice Card ID for Employees/Students) Federal Employee? Yes () No () Please check the appropriate response Please check the appropriate response Residency Status for Tax Purposes: No () B the payee a US Citizen or Permanent Resident Alien (Green Card holder)? Yes No No I fly es, circle the status and process for payment. Invoice Thormation No I fly es, circle the status and process for payment. Invoice Thormation Status for ma, submitting both to Disbursements. Invoice Date Date Goods Invoice Number Gross Amount Stats Tax Tax Description SpeedChart Invoice Number Gross Amount Stats Tax Freight Description SpeedChart Invoice Number Amount Account Fund Dept Program SubClass Rgt Y Project/Crant Certification: I. do solomality dim, mader criminal pready of pleiny for false statements subject to painthemat by a fine of nor more than \$1.000 or by imprisonment for not be shown on the bus discomments are raw and that the described lower(s) is are for insistimal purposes only and that reinhuberement or poment hare to be requested and or pain for are bus yes or or more han \$1.000 or by imprisonment for not be alware for insistimal purposes only and that reinhuberement or poment hare to be requested and o								Requestor/Init	iator E-	mail:			
State of Georgia 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			idanta)					Requestor/Init	iator Te	lephone:			
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Received Received Tax Tax Image: Construction Image: Construction Image: Construction SpeedChart Invoice Number Amount Account Fund Image: Construction SpeedChart Invoice Number Amount Account Fund Construction Prese attach all supporting documentation. Image: Construction Image: Construction Image: Construction Place attach all supporting documentation. Certification: Ido solemnly affirm, under criminal penalty of a felory for false statements subject to punishment by a fine of not more than \$1,000 or by imprisonment for not less than one sear nor more than \$1,000 or by imprisonment for not less than one sear nor more than \$1,000 or by imprisonment for not less than one sear nor more than \$1,000 or by imprisonment for not less than one sear nor more than \$1,000 or by imprisonment for not less than one sear nor more than \$1,000 or by imprisonment for not less than one sear nor more than \$1,000 or by imprisonment for not less than one been requested and/or paid by Georgia State University and that the described litem(s) is sizer for institutional purposes only and that reinbursement or payment has not been requested that all invoices to paid within thirty (30) days of the latter 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. Consultant Consultant Consultant Consultant Cother Cother Coth	7 1	ε							1	,	Ð		
Image: Standard S	Invoice Date				1	Invoice Number		Gross Amount		-	t	Descrip	tion
SpeedChart Invoice Number Amount Account (6) Fund (2) Dept (9) Program (4) SubClass (5) Bgt Yr (4) Project/Grant (5) Image: Construction of the set of													
SpeedChart Invoice Number Amount Account (6) Fund (2) Dept (9) Program (4) SubClass (5) Bgt Yr (4) Project/Grant (5) Image: Construction of the set of													
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Online Proce	ess
•	Department completes <i>Consulting Agreement</i> (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 <i>Consultant Payment Authorization form</i> (Attachment 9) and staples to upper left corner of invoice.
►	Department sends invoice with attached Consultant Payment Authorization form to Disbursements for payment.

<u>Consultant P</u>			
Date			
Consultant Req #		•	
Partial Payment	Final Payment		
<i>The services described in the attached invoice have been satisfactorily performed and payment is authorized.</i>			
Sig	gnature 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.

STATE OF GEORGIA COUNTY OF FULTON

Consultant Requisition# Workflow Complete

Yes No

CONSULTING AGREEMENT

THIS AGREEMENT (hereinafter referred to as the "Agreement") made by and between the Board of Regents of the University System of Georgia by and on behalf of Georgia State University (hereinafter referred to as "the University"), and _______ whose principal place of business is located at (hereinafter referred to as "Consultant").

WHEREAS, the Consultant desires to provide consulting services to the University as described herein;

NOW, THEREFORE in consideration of the mutual covenants and promises contained herein, the parties agree as follows;

- 1. <u>Services.</u> Consultant agrees to perform for the University the services set forth in the Statement of Work section of Exhibit A, which is attached hereto and hereby incorporated by reference. Such services are hereinafter referred to as the "Services." No other services shall be performed unless this Agreement is amended as hereinafter provided.
- 2. **Payment.** The University shall pay Consultant for Services in accordance with the Payment Schedule contained in Exhibit A within thirty (30) days after receipt of Consultant's invoice provided that the Services invoiced for have been accepted by the University as hereinafter provided.

3. Independent Contractor.

- Consultant is an independent contractor and shall not be deemed to be an employee of the а University. The University is hereby contracting with Consultant for the Services, and Consultant reserves the right to determine the method, manner and means by which the Services will be performed. Consultant is not required to perform the Services during a fixed hourly or daily time, and if the Services are performed on the University's premises, then Consultant's time spent at the premises is to be at the discretion of Consultant, subject to the University's normal business hours and security requirements. Consultant hereby confirms to the University that the University will not be required to furnish or provide any training to Consultant or to any employees of Consultant in order to enable Consultant to perform the Services. The Services shall be performed by Consultant and the University shall not be required to hire, supervise, or pay any assistants to help the Consultant perform the services. The order and sequence in which the work is to be performed shall be under the control of Consultant. Except to the extent that Consultant's work must be performed on or with the University's resources, all equipment used in providing the Services shall be provided by the Consultant. The University will not withhold any amount that would normally be withheld from an employee's pay and neither Consultant nor any employee of Consultant shall participate in any benefits of any sort which the University offers to its employees. b.
 - Inasmuch as the University and Consultant are contractors independent of one another, neither has the authority to bind the other to any third person or otherwise to act in any way as the representative of the other, unless otherwise expressly agreed to in a writing signed by both parties hereto prior to any such act or representation. Consultant agrees not to represent himself or herself as the University's agent for any purpose to any party or to allow any employee of Consultant to do so, unless specifically authorized, in advance and in writing, to do so, and then only for the limited purpose stated in such authorization. Consultant shall assume sole and full liability for any contracts or agreements Consultant enters into on behalf of the University without the express, prior written consent of the University.
- 4. **Intellectual Property Rights.** Consultant agrees that all patentable or copyrightable ideas, writings, drawings, inventions, designs, parts, machines, processes, computer software (together with any related documentation source code or code, object codes, upgrades, revisions, modifications, and any related materials) developed as a result of or in the course of, Services rendered to the University by Consultant, or any employee or employees of Consultant, during the term of this Agreement shall be the property of the University. Consultant herewith assigns all rights in such intellectual property to the University and shall

(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. <u>**Term.**</u> 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 any claim 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. <u>Acceptance of Services.</u> 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. <u>**Taxes.**</u> 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. <u>Assignment.</u> Consultant shall not assign or subcontract the whole or any part of this Agreement without the University's prior written consent.
- 15. <u>Site of Services.</u> 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. <u>Insurance.</u> 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. <u>Waiver.</u> 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. <u>Applicable Law.</u> This Agreement shall be governed by the laws of the State of Georgia.
- 21. <u>Uniform Commercial Code.</u> All Services performed hereunder shall, to the greatest extent possible, be deemed "goods" within the meaning of the Uniform Commercial Code of Georgia.
- 22. <u>Non-profit Organization</u>. 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. <u>Entire Agreement.</u> 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:

CONSULTANT (*required*)

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

Signature	Signature
Printed Name:	Printed Name:
Title:	Title:
FEI/SS#:	Date:

Exhibit A

I. <u>Statement of Work</u>

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. <u>Term</u>

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 9

Consultant Payment Authorization (CPA Form)				
Date Consultant Reg #				
□ Partial Payment	Final Payment			
<i>The services described in the attached invoice have been satisfactorily performed and payment is authorized.</i>				
Signatu	re of Requester of Services			

<u>Consultant P</u>	<u>Payment Authorization (CPA Form)</u>
Date	
Consultant Req #	
Partial Payment	🗆 Final Payment
The bel viceb ue	scribed in the attached invoice have been performed and payment is authorized.
Sig	nature of Requester of Services

Consultant Payment Authorization (CPA Form)				
Date Consultant Reg #				
Partial Payment	□ Final Payment			
The services described in the attached invoice have been satisfactorily performed and payment is authorized.				
Signature of Requester of Services				



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	
Paper Process	Not Available
▶	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. All signatures must be legible.
►	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.
	Questions??
►	Call the Cashier's Office at 1-2428 or 1-2429.

Attachments:

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



PETTY CASH REIMBURSEMENT		Date Issued:
For Non-Encumbered Goods		
Deliver in Person To: University Cashier		Voucher Number:
100 Sparks Hall		
Hours: 9am – 4pm		
(404)651-2428 or (404)651-2429		
Vendor Name & Remittance Address	Department Name	2.
	Individual Receiv	ing Reimbursement:
	Panther Card ID N	Number of Individual Receiving Reimbursement:
Social Security/FEI Number:	Contact Telephon	e:

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

Total Amount

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

	Distribution								
SpeedChart	Invoice Number	Amount	Account (6)	Fund (2)	Dept (9)	Program (4)	SubClass (5)	Budget Pd (4)	Project/Grant (5)
			(-7		(-)		(-)	~ ()	(-)

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:

Attachment 11



		Attachment 12
PETTY CASH ADVANCE		Date Issued:
For Non-Encumbered Goods		
Deliver in Person To: University Cashier		Voucher Number:
100 Sparks Hall		
Hours: 9am – 4pm		
(404)651-2428 or (404)651-2429		
Name & Remittance Address of Individual Receiving Advance	Department Name	2:
	Contact Telephon	e:
Social Security Number:	Amount of Advar	nce 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:



DEPOSIT REMITTANCE FORM

Date Deposit Made:

Contact Telephone:

Attachment 13

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

Department Making Deposit

Organization Number (9 digits):

Department Name: Person Making Deposit:

Contact E-mail:

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:

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??
		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 <u>www.gsu.edu/spectrum</u> on the Communications page.