

INDIVIDUAL REIMBURSED TIME REQUEST INSTRUCTIONS

University Hall 360
Phone: (818) 677-3474
Mail Code: 8334
Email: tiana.tran@csun.edu

Purpose: Form is used to request invoices from Accounts Receivable to reimburse state side salary and benefit expenses through research related grants held at The University Corporation.

Departments Involved: University Accounts Receivable and TUC Sponsored Programs Office.

Work Flow: Department requesting reimbursement will complete all fields and forward the completed original to Accounts Receivable. **Fall requests are due by November 20th and Spring requests are due by April 20th.**

Step 1: General Information

1. Semester: Must select Spring OR Fall. Form is used for one semester only.
2. Faculty Type: Tenured/Tenure Track or Lecturer.
3. Total Assigned Units: Must indicate how many total units the faculty member is assigned.
4. Faculty Name, Department, and College: Faculty member and area receiving the reimbursed time.
5. Grant Information:
 - a. Title of Grant
 - b. Granting Agency
 - c. Project ID#
 - d. Description of Activities

Step 2: Salary Information – Please use the [Reimbursed Salary Calculation template](#).

1. Units Reimbursed: Total number of assigned units being reimbursed.
2. Benefit Rate: Indicate the actual benefit rate for the faculty member.
3. Workers Comp: Must select 0% OR 3%.
4. Actual Semester Salary, Benefits, and Workers Comp.: Only use semester totals, **must be actuals**.
5. Reimbursed Salary, Benefits, and Workers Comp.: Input the reimbursed amounts which will be used for invoicing.
6. Semester Total and Reimbursed Total: Automatically calculated.

Step 3: State Chartfields to Credit

1. Salary: Must input Dept. ID, Program, and Class code. Class code is either 99993 OR 99996.
2. Benefits: Must input Dept. ID and Program. Class code not required.
3. Workers Comp: Must input Dept. ID and Program. Class code not required.

Step 4: Approvals

1. Must obtain all 3 original signatures unless the Principal Investigator and Faculty Member are the same.



INDIVIDUAL REIMBURSED TIME REQUEST

ONE FORM PER ASSIGNMENT, PER SEMESTER

HANDWRITTEN FORMS WILL NOT BE ACCEPTED

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Fiscal Year: _____ Semester: _____ Tenured/Tenure Track or Lecturer: _____ Total Assigned Units: _____

Faculty Name: _____ Title of Grant: _____

Department: _____ Granting Agency: _____

College: _____ Project ID#: _____

Description of Activities: _____

SALARY INFORMATION – PEAS or LCD Report Required for all Requests.

Units Reimbursed: _____	Semester Salary: \$ _____	Reimbursed Salary: \$ _____
Benefit Rate: _____ %	Semester Benefits: \$ _____	Reimbursed Benefits: \$ _____
Workers Comp: _____ %	Calculated Workers Comp: \$ _____	Reimbursed Workers Comp: \$ _____
	Semester Total: \$ _____	Reimbursed Total: \$ _____

STATE CHARTFIELDS TO CREDIT:

Salary: ACCOUNT: 580820 FUND: 48541 DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____

Benefits: ACCOUNT: 580821 FUND: 48541 DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____

Workers Comp: ACCOUNT: 580822 FUND: 48541 DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____

Prepared By: _____ Email: _____ Ext: _____ Date: _____

APPROVALS:

Faculty Member: _____ Signature: _____ Ext: _____ Date: _____

Principal Investigator: _____ Signature: _____ Ext: _____ Date: _____
If different than Faculty Member

Director, Finance & Operations: _____ Signature: _____ Ext: _____ Date: _____

FOR THE UNIVERSITY CORPORATION USE ONLY:

AUXILIARY PO NO: _____

ACCOUNT: _____ FUND: _____ DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____

Approver: _____ Signature: _____ Ext: _____ Date: _____

FOR ACCOUNTS RECEIVABLE USE ONLY:

Invoice #: _____ Date: _____

1st Date Received: _____ By: _____ 2nd TUC Approval Received: _____ By: _____