PURCHASING SERVICES

Lehigh University Request for Declining Balance Card or Out of Pocket Reimbursement for Students, Adjuncts and Visiting Employees

(**Please refer to instructions on reverse side of form**)  

<table>
<thead>
<tr>
<th>Requestor:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>→ Name:</td>
<td></td>
</tr>
<tr>
<td>→ Email Address:</td>
<td></td>
</tr>
<tr>
<td>→ LIN (last 4 digits acceptable):</td>
<td></td>
</tr>
<tr>
<td>→ Campus Phone Number:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Approver:</th>
<th>Secondary Approver:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td>Email Address:</td>
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</tbody>
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Approver emails will be sent directly from Wells Fargo to both the primary and secondary approver (if applicable)

Program Access Type

Card Type (Includes Out of Pocket expense access):

Check One: [ ] Declining Balance (includes Travel, Non-Travel and OOP)

[ ] CCER System Out-Of-Pocket Only

Card Limits

Club/Program/Project Amounts:

<table>
<thead>
<tr>
<th>Single Transaction Limit</th>
<th>Monthly Credit Limit</th>
</tr>
</thead>
</table>

Allow Cash Advance (must not exceed single transaction limit)

[ ] $ per month.

Dates Account is Needed:

Begin Date: ____________  End Date: ____________

ACCOUNTING INFORMATION

Please provide a default Banner Index number on the line below. Approver should select the appropriate Index number(s) from their profile prior to approving.

<table>
<thead>
<tr>
<th>Index</th>
<th>Financial Manager/Authorized Signer</th>
<th>Banner Index</th>
<th>Financial Manager/Authorized Signer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Printed Name</td>
<td>Signature</td>
<td>Printed Name</td>
</tr>
</tbody>
</table>

AUTHORIZATION

User Signature: ________________________________  Date: ____________

Primary Approver Signature: _____________________________  Date: ____________

PROGRAM ADMINISTRATOR USE

[ ] Approved  [ ] Denied  Reason: __________________________  Date: ____________

Program Administrator Signature: __________________________  Date: ____________

Return to: OneCard Program Administrator, Purchasing Services, 306 S New Street, Suite 428

L:\Wells Fargo OneCard\Forms\LehighUniversityOneCardRequestForm_09062017.doc  Updated 12/16/2015
Instructions

This form is to be used by Lehigh University students, adjuncts, and visiting employees.

This form must be accompanied by a Lehigh University Request for Declining Balance Card or Out of Pocket Reimbursement for Students, Adjuncts and Visiting Employees User Agreement

A Lehigh University ID (LIN) is required indicating you are a student, adjunct, or visiting employee. If you do not have a LIN, please contact your primary approver for alternative methods of reimbursement.

OOP Roles:
OOP User: I understand that I am required to enter my personal banking information (routing and account number) into the CCER system. This will allow the system to deposit out of pocket (OOP) reimbursements via ACH.

Declining Balance Card Roles:
Declining Balance User: I understand that I am required to enter my business purposes for any and all transactions and provide the accompanying detailed receipt through the Wells Fargo Commercial Card Expense Reporting System.

Primary Approver: This person must be a department head for the department the student is affiliated with. This person may designate a Secondary Approver to provide support/backup to his/her Approval Responsibilities.

Secondary Approver: This person has been identified by the Primary Approver to provide administrative support/backup to the Primary Approver. Should the Secondary Approver have any concerns about the OOP User’s transactions, those concerns should be referred to the Primary Approver for resolution.

Reimbursements to temporary wage employees, prospective faculty and staff, foreign visitors, guests, and emeritus faculty are processed by Accounts Payable.

Before making any expenditures:

- Review the Travel and Business Expense Policy and Procedures located on the Controller’s Office website which applies to all faculty, staff, students, and others who incur expenses while engaged in University business or related travel. Make sure you are in compliance.

- Refer to the document titled Guidelines for Student Financial Support in the Payroll section of the Controller’s Office website for information on the tax and IRS reporting implications regarding reimbursements to students. Taxable payments should not be submitted as an expense reimbursement.

- Check what expenses the University will pay up front so you do not need to use personal funds. They include:
  - Air travel through the University’s travel management company
  - Conference registration fees via Accounts Payable
  - Vehicle rental via Transportation Services

- Be aware that:
  - Office of Research approval is required for Sponsored Research or Cost Share expenditures
  - Controller’s Office approval is required for travel requests over $2,000.00 and non-travel Request over $1,000.00
  - Reimbursement requests are subject to audit by the Controller’s Office and other auditors
  - The Controller’s Office reserves the right to require approvals in addition to the financial manager’s or authorized signer’s depending on the nature of the reimbursement request

Do not use personal funds for:
- Moving expenses
- Capital equipment ($5,000 and over)
- Computers
- Payments for professional services

Such payments must be paid directly by the University via the Purchase Order system or Accounts Payable. See the Purchasing Services website or Accounts Payable section of the Controller’s Office website for additional information.
and Business Expense Policy and Procedures and if funded by a grant or contract, comply with all applicable cost principles and regulations of the sponsoring entity.

2. I understand that it is my responsibility to verify that the out of pocket transactions I review have a valid business purpose, are in support of the University’s mission, are consistent with University policy, are properly documented, and are charged to the proper index/accounts.

3. I understand it is my responsibility to verify that Office of Research approval for sponsored research or cost share expenses is included with receipts.

4. I understand it is my responsibility to verify that Controller’s Office approval for all travel requests over $2,000.00 and non-travel requests over $1,000.00 is included with receipts.

5. I understand that failure to comply with my OneCard Approver responsibilities as defined in the OneCard Policy and Procedures Manual may result in revocation of my Card privileges or other corrective action.

My signature below indicates that I have read this Agreement, understand it and agree to be bound by it and any subsequent amendments or addenda for as long as I participate in the Wells Fargo Commercial Card Expense Reporting system at Lehigh University.

____________________________
Student, Adjunct, Visiting Employee Name (Print)

____________________________
Student, Adjunct, Visiting Employee Signature

____________________________
Date:

____________________________
Last 4 Digits of LIN

____________________________
Primary Approver Name (Print)

____________________________
Primary Approver Signature

____________________________
Secondary Approver Name (Print)

____________________________
Secondary Approver Signature

Request for Reimbursement for Students, Adjuncts, Visiting Employees User Agreement 1/16/2019
Purchasing Services

Lehigh University Request for Declining Balance Card or Out of Pocket Reimbursement User Agreement for Students, Adjuncts and Visiting Employees

You are being trusted with participation in Lehigh University’s OneCard Program and will receive access to the Wells Fargo Commercial Card Expense Reporting (CCER) system. Your participation in the OneCard Program is provided to you based on your need to purchase materials and/or travel on behalf of Lehigh University, not simply because you hold a certain title or position within the University. The CCER access may be revoked at any time without your permission.

As a participant in the OneCard program and/or user of the CCER system, please read the following statements carefully and sign below where indicated:

For all Students, Adjuncts and Visiting Employees granted access to the CCER system:

1. I understand that I will be making financial commitments on behalf of Lehigh University and will strive to obtain the best value for Lehigh University.
2. I have read and will comply with the terms of the Lehigh University OneCard Policies and Procedures Manual. Failure to comply with these policies or this Agreement may result in corrective action.
3. I understand that the expenditures submitted through the Wells Fargo Commercial Card Expense Reporting system must be incurred with University authorization and conform to the policies and procedures identified in the University’s Travel and Business Expense Policy and Procedures and if funded by a grant or contract, comply with all applicable cost principles and regulations of the sponsoring entity.
4. I understand that my reimbursement request is subject to audit by the Controller’s Office and other auditors and I agree that I will be responsible for repayment to the University, including by payroll deduction, of any unauthorized or unallowable expense for which I have been reimbursed. In the event a paycheck is not received, the amount will be added to the current Bursar’s invoice.
5. I understand that under no circumstances will I submit personal purchases for reimbursement, either for myself or for others. I agree that if I violate the terms of this Agreement and use CCER for personal use or gain and do not reimburse Lehigh University within thirty (30) days, Lehigh University shall have the right to deduct any amounts owed, including any fees related to the collection of those charges, from my paycheck. In the event a paycheck is not received, the amount will be added to the current Bursar’s invoice.
6. I understand that it is my responsibility to collect detailed receipts, document business purpose and reconcile each month by the published deadlines.
7. I understand it is my responsibility to obtain Office of Research approval for sponsored research or cost share expenses and include evidence of such approval with my receipts.
8. I understand it is my responsibility to obtain Controller’s Office approval for all travel requests over $2,000.00 and non-travel requests over $1,000.00 and include evidence of such approval with my receipts.
9. I understand that my CCER system access will terminate immediately upon termination of my employment or student status at Lehigh University.
10. I understand that I am required to enter my personal banking information (routing and account number) into the CCER system. This will allow the system to deposit out of pocket (OOP) reimbursements via ACH.

For OneCard Approvers Only

1. I understand that I must certify that the following is true and correct to the best of my knowledge: The expenditures submitted through the Wells Fargo Commercial Card Expense Reporting system are incurred with University authorization and conform to the policies and procedures identified in the University’s Travel Request for Reimbursement for Students, Adjuncts, Visiting Employees User Agreement.