

# How To: Use Your CCSI Accounts

## Account Numbers:

Order of Omega 0805

Panhellenic Council 0811

Interfraternity Council 0809

Esports 0235

These are non-allocated accounts with CCSI except Esports. Esports account gets funding from SGA and is therefore allocated and can only be spent on approved items. The non-allocated accounts can be spent however you budget.

## Treasurers:

All account holders (Treasurers) should keep a binder or folder (physical or electronic) that is passed down from one treasurer to the next. This should include the total amount in the account, any statements received while in office, and copies of the vouchers. The ledger should be like a checkbook accounting and should include any deposits and vouchers.

## Paying for an invoice/Getting a reimbursement:

1. Each year when new officers are elected the Treasurer needs to fill out the [Signature Sheet](#) and return it to CCSI (campus bookstore)
  - a. This sheet needs the treasurer's and the advisor's signature. The advisor is the current Fraternity and Sorority Life Advisor. You can use 80 Clinton Street as your club mailing address.
2. In order to get a bill/invoice or activity paid for you need to use a [CCSI Payment Request Voucher](#)
  - a. See example for how to fill out a voucher
  - b. Vouchers must be submitted to CCSI (campus bookstore)
  - c. Vouchers can take a few weeks from the time you submit them until the payment is received. That's why it's important to plan ahead and get things filled out weeks before your bill is due.
3. You can also use a voucher to get reimbursed for something you purchased out of pocket. Instead of attaching an invoice, attach the receipt and the "payable to" line is for the person who needs to get reimbursed (make sure to include their address)
4. Make sure you keep an account of what you've spent by using your ledger
  - a. Keep a copy of all vouchers in your binder/folder

## Making a deposit



COLLEGE COMMUNITY SERVICES, INC.  
ALUMNI HALL  
MANSFIELD UNIVERSITY  
MANSFIELD, PA 16933  
570-662-4929

TO: ALL C.C.S.I. ACCOUNTS

FROM: Sara Herbst

DATE:

In an attempt to update our files, we are requesting the information listed below. Your prompt attention in completing and returning this form to us will be greatly appreciated.

.....  
ACCT NAME: \_\_\_\_\_ CCSI ACCT#: \_\_\_\_\_

Acct Mailing Address: \_\_\_\_\_

Club Email (if any): \_\_\_\_\_

Person to contact with any questions or problems: (Please Print)

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Advisor Email: \_\_\_\_\_

**Student Organizations: (Please Print)**

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_

Treasurer Email: \_\_\_\_\_

Voucher No. 1

# C.C.S.I. REQUEST FOR PAYMENT

Payable to: IFC  
Address: 123 IFC Lane  
IFC, Indiana 12345

Current Date 9/29/2020  
Account No. 0809  
Fund Beg. Bal. \$ 3,245.62  
Amt. Of Voucher \$ 550.00  
Bal. Remaining \$ 2,695.62

Mail check  Pick Up

Source of Funds:  Allocated  Non-Allocated Source

Date of Purchase	Item description/ Program	Cost
9/29/20	IFC Dues	550.00
		0.00
		0.00
		0.00
	<b>Total</b>	<b>550.00</b>

Amount Approved in Budget \$ \_\_\_\_\_

In order for your payment request to be honored, you must have done the following:

- Expenditure submitted and approved through budget
- Original invoice attached
- If applicable, original signed contract attached, travel forms, cash adv. request
- W-9 attached, if required (contract services provided, referees, etc.)

(12) Name of Organization Interfraternity Council  
(13) Requested by John Doe (Signature) Treasurer  
(14) Approved by Amy DeLozier (Signature) Advisor

Office Use	_____
Budget Amt:	_____

Voucher No. \_\_\_\_\_

# C.C.S.I. REQUEST FOR PAYMENT

Payable to: \_\_\_\_\_

Current Date \_\_\_\_\_

Address: \_\_\_\_\_

Account No. \_\_\_\_\_

\_\_\_\_\_

Fund Beg. Bal. \$ \_\_\_\_\_

\_\_\_\_\_

Amt. Of Voucher \$ \_\_\_\_\_

Mail check \_\_\_\_\_

Pick Up \_\_\_\_\_

Bal. Remaining \$ \_\_\_\_\_

Source of Funds: \_\_\_\_\_ Allocated \_\_\_\_\_ Non-Allocated Source

Date of Purchase	Item description/ Program	Cost
<b>Total</b>		

**Amount Approved in Budget \$** \_\_\_\_\_

In order for your payment request to be honored, you must have done the following:

- \_\_\_ Expenditure submitted and approved through budget
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- \_\_\_ W-9 attached, if required (contract services provided, referees, etc.)

(12) Name of Organization \_\_\_\_\_

(13) Requested by \_\_\_\_\_ Treasurer

(14) Approved by \_\_\_\_\_ Advisor

Office Use _____
Budget Amt: _____