


AUSTIN PEAY STATE UNIVERSITY
POLICIES AND PROCEDURES MANUAL

Policy Number: 4:009	Supersedes Policy Number: IV:01:03
Date: August 1, 1986	Dated: October 1, 1981
Subject: Unexpended Unrestricted Budget Balances	
Initiating Authority: Vice President for Finance and Administration	SBR Policy/Guideline Reference:
Approved:  President	

General

Unexpended budget balances for this purpose are those amounts of unrestricted University current operating funds which have been allocated but are, in fact, unused. Funds in this category then become part of the general University fund balance, whose allocation is subject to the discretion and authority of the President.

Payroll Budgets

Amounts provided in the budget for established positions (as distinct from "Lump Sum" amounts for temporary help, student help, etc.) are to be used only for those positions. If a period of vacancy in a position occurs during the year, or if an individual is hired at a rate less than that provided in the budget, resulting in an unused residue of funds, then that residue reverts to the University General Fund Balance, to be reallocated for other purposes only upon authority of the President and then by budget revision process outlined in Policy No. 4:021.

Budget Categories Other than Payroll

Unexpended balances in other budget categories, such as travel, equipment, supplies, etc., cannot be determined until the end of each fiscal year (June 30). At this time, these balances revert to the University General Fund Balance and may be reallocated by the President in the succeeding year.

File w/ Policy



Business Office
Browning Building
P. O. Box 4635
Clarksville, TN 37044

MEMORANDUM

TO: All Departments

FROM: Cynthia Moseley *CGM*
Accounts Payable Supervisor

DATE: August 6, 1996

SUBJECT: Guest Meal/Special Event Payment Authorization Form

Attached is a copy of the Guest Meal/Special Event Payment Authorization Form that should now be used when requesting reimbursement for guest meals or payment for a special event.

Please reference Policy 4:010 regarding the use of this form. You may make copies and distribute to your department as needed.

CGM:fdm

Attachment

AUSTIN PEAY STATE UNIVERSITY
GUEST MEAL/SPECIAL EVENT PAYMENT AUTHORIZATION
(See APSU Policy 4:010)

PLEASE PAY:
CLAIMANT
or VENDOR: _____

Name (Print or Type)

Signature of Claimant

SSN: _____

ADDRESS:

EVENT (Purpose & Comments): _____

(Must be Completed)

NAME(S) of GUEST(S): _____

(If Appropriate)

UNIVERSITY PERSONNEL IN PARTY: _____

(If Appropriate)

DEPARTMENT TO BE CHARGED:

Department Name

Account Number

APPROVALS:

I certify that sufficient funds are available.

Department Head

Vice President/Dean/Director