

# View Document

## Journal Voucher Header

Journal	Sub#	Status	Trans date	Activity date	User ID	Doc Total
J0026145	0	Pending	May 14, 2019	May 17, 2019	C00001029	29,109.58
Document Text:						

## Journal Voucher Accounting

Seq#	Description								BudPd	Curr	Doc Ref	Accr	Bank	Deposit			
	COA	FY	Pd	Rucl	Index	Fund	Orgn	Acct						Prog	Actv	Locn	Proj
1	Fleet Fuel Charges 4/29-5/12/19												AP				
	1	19	11	JE16		1000	2710	740120	10				74.30	D	N		
2	Fleet Fuel Charges 4/29-5/12/19												AP				
	1	19	11	JE16		1000	9220	740120	40				44.71	D	N		
3	Fleet Fuel Charges 4/29-5/12/19												AP				
	1	19	11	JE16		1000	6734	740120	40				41.24	D	N		
4	Fleet Fuel Charges 4/29-5/12/19												AP				
	1	19	11	JE16		1000	6801	740120	70				2,049.73	D	N		
5	Fleet Fuel Charges 4/29-5/12/19												AP				
	1	19	11	JE16		1000	3020	740120	60				1,710.53	D	N		
6	Fleet Fuel Charges 4/29-5/12/19												AP				
	1	19	11	JE16		1000	6804	740120	70				844.71	D	N		
7	Fleet Fuel Charges 4/29-5/12/19												AP				
	1	19	11	JE16		4103	81203	740120	90				9,019.92	D	N		
8	Fleet Fuel Charges 4/29-5/12/19												AP				
	1	19	11	JE16		2306	9060	740120	23				173.49	D	N		
9	Fleet Fuel Charges 4/29-5/12/19												AP				
	1	19	11	JE16		2603	84101	740120	10				70.14	D	N		
10	Fleet Fuel Charges 4/29-5/12/19												AP				
	1	19	11	JE16		2605	83001	740120	30				57.33	D	N		
11	Fleet Fuel Charges 4/29-5/12/19												AP				
	1	19	11	JE16		3111	3130	740120	50				35.23	D	N		
12	Fleet Fuel Charges 4/29-5/12/19												AP				
	1	19	11	JE16		2301	901005	740120	24				198.66	D	N		
13	Fleet Fuel Charges 4/29-5/12/19												AP				
	1	19	11	JE16		4201	82001	740120	90				45.24	D	N		
14	Fleet Fuel Charges 4/29-5/12/19												AP				
	1	19	11	JE16		4202	82101	740120	90				59.37	D	N		
15	Fleet Fuel Charges 4/29-5/12/19												AP				
	1	19	11	JE16		4101	81001	740120	90				130.19	D	N		
16	Fleet Fuel Charges 4/29-5/12/19												AP				
	1	19	11	JE16		1000	6807	740290	60				14,554.79	C	N		
Total of displayed sequences:												29,109.58					

# View Document

## Document Identification

Document Number	J0026145	Type	Journal Document
Originator:	C00001029	Arlene Hoag	

## Approvals required

Queue	Description	Level	Approvers
COMP	COMPTROLLER'S QUEUE	2	
			Debra Calais
GSUP	GRANT SUPV	1	
			Shannon Gary

## Approvals recorded

Queue	Level	Date	User
CNT4	1	May 17, 2019	Arlene Hoag
CNT3	1	May 18, 2019	Broussard, Sue M
CNT6	1	May 17, 2019	Guidry, Andrea F.
GRT3	1	May 17, 2019	Melissa Richard

[Budget Queries](#)  
 [Encumbrance Query](#)  
 [Approve Documents](#)  
 [View Document](#)  
[Delete Finance Template](#)

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**CHECK REQUEST (FEES FOR PARTICIPANTS AND STIPENDS)**

**PUR 517**

Type of request:  GSO  SGA  Participant Support (Sponsored Programs)  Research Subject (Sponsored Programs)  Other

Request Date MAY 20, 2019

Encumbrance #: PS500281

**Fund/Org/Program:** 360203, 232901, 22 **Total Amount Requested:** \$3,0000.00 **Commodity Code:**

**Department:** CURRICULUM AND INSTRUCTION **Contact:** Peter Sheppard **Phone:** 482-6405 **Email:** psheppard@louisiana.edu

**Study / Workshop / Grant Name:** Mentor Teacher Workshop

**Brief Description of Participant's Function:** Train Mentor Teachers

Account Code	760800 (PSC-Stipend) 630102 (PSC-Stipend)	760810 (PSC-Travel) UL Employee/UL Student Employee	760820 (PSC-Subsistence) 630103 (Research Sub)	760830 (PSC-Other) UL Employee/UL Student Employee	760850 (Research Subject)	760520 (Grant Aid)		
Account Code	Banner ID	Payee	Payee Mailing Address		Amount	US Citizen Y/N	UL Employee Y/N	UL Student Employee Y/N
760800		BAYLESS, ELLEN B.	[REDACTED]		\$100.00	Y	N	N
760800		BROUSSARD, JASON J.			\$100.00	Y	N	N
760800		CAMARDELLE, MEAGAN			\$100.00	Y	N	N
760800		CORMIER, GENA HANKS			\$100.00	Y	N	N
760800		DIXON, LAMAR			\$100.00	Y	N	N
760800		DOMINGUE, LINDSAY PRIMEAUX			\$100.00	Y	N	N
760800		DUGAS, ANNETTE			\$100.00	Y	N	N
760800		ENLUND, SADIE G.			\$100.00	Y	N	N
760800		GARY, PAULA			\$100.00	Y	N	N
760800		GAUTREAUX, DANA M.			\$100.00	Y	N	N
<b>TOTAL</b>					\$1,000.00			

This approval serves as a certification that the participants have successfully completed the requirements of their participation in the referenced grant/study/workshop and is evidenced by the attached documentation signed by the participant.

Authorizing Signature: [Signature] Printed Name: DR. PETER SHEPPARD Date: 5-20-2019

Budget/Comptroller Approval Signature: [Signature] Date: 5/22/19





UL LAFAYETTE LACARTE PURCHASING/TRAVEL CARD LOG

Credit Card No. (Last 4 digits): 7338

May 7338

Cardholder's NAME:	Maria Isolina Ruiz	Cardholder's ULID:	C00255245	Phone:	417-529-2263
Cardholder's DEPT:	Curriculum and Instruction	Date of Statement:	May-19	Page 1 of 1	

PURCHASE DATE	RECEIVED DATE	VENDOR NAME (ORIGINAL RECEIPTS MUST BE ATTACHED)	TRANSACTION DESCRIPTION OR RESEARCH PROJECT NAME	SPECIAL MEALS # (ATTACH APPROVED COPY)	Fund	Org	Account	Program	AMOUNT
04/30/19		Office Depot	Handouts and materials for Idiomias United	BT	330124	232918	<del>720210</del> 740110	22	\$ 24.22

RECEIVED  
MAY 14 2019  
PURCHASING

TRANS. DATE	POSTED DATE	VENDOR NAME (ORIGINAL RECEIPTS MUST BE ATTACHED)	TRANSACTION DESCRIPTION	TRAVEL REQUEST NUMBER (ATTACH APPROVED COPY)	Fund	Org	Account	Program	AMOUNT

RECEIVED  
MAY 31 2019  
Sponsored Programs  
SPFAC

RECEIVED  
MAY 31 2019  
ADMINISTRATIVE SERVICES

LOG TOTAL: \$ 24.22

Note: Top section is for general purchases, bottom section is for travel expenses. Original receipts must be attached.

APPROVAL SIGNATURES

Cardholder: Maria J. Ruiz 5/8/2019  
 Manager: [Signature] Date: 5/19/19

Comptroller: \_\_\_\_\_ Date: \_\_\_\_\_  
 Purchasing: a.s. Date: 05/31/2019



MARIA ISOLINA RUIZ  
 UNIV OF LOUISIANA-LAF  
 XXXX-XXXX-XXXX-7338  
 April 06, 2019 - May 05, 2019

Purchasing Card

Cardholder Activity

Account Information	Payment Information	Account Summary
<b>Mail Billing Inquiries to:</b> BANKCARD CENTER PO BOX 982238 EL PASO, TX 79998-2238  <b>Customer Service:</b> 1.888.449.2273 24 Hours  <b>TTY Hearing Impaired:</b> 1.800.222.7365 24 Hours  <b>Outside the U.S.:</b> 1.509.353.6656 24 Hours  <b>For Lost or Stolen Card:</b> 1.888.449.2273 24 Hours	Statement Date ..... 05/05/19 Credit Limit ..... \$20,000 Cash Limit ..... \$0 Days in Billing Cycle ..... 30 Total Activity ..... \$24.22  <p style="text-align: center;"><b>THIS IS NOT A BILL - DO NOT PAY</b></p>	Credits ..... \$0.00 Cash ..... \$0.00 Purchases ..... \$24.22 Other Debits ..... \$0.00 Cash Fees ..... \$0.00 Other Fees ..... \$0.00 Total Activity ..... \$24.22

**Transactions**

Posting Transaction						
Date	Date	Description	Reference Number	MCC	Charge	Credit
05/02	04/30	OFFICE DEPOT #385 LAFAYETTE LA	24137469121100501609437	5943	24.22	

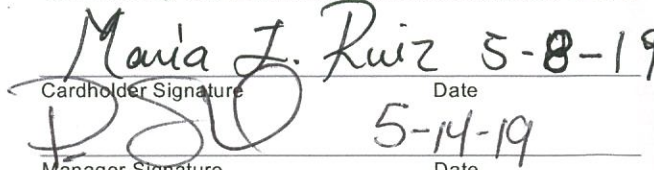
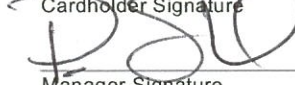
00000000 00000000 00000000 4715291107297338

Account Number: XXXX-XXXX-XXXX- 7338  
 April 06, 2019 - May 05, 2019

Total Activity ..... \$24.22

BANK OF AMERICA  
 PO BOX 15731  
 WILMINGTON, DE 19886-5731

MARIA ISOLINA RUIZ  
 UNIV OF LOUISIANA-LAF  
 P.O. BOX 43591  
 LAFAYETTE, LA 70504-0001

  
 Cardholder Signature Date 5-8-19  
  
 Manager Signature Date 5-14-19

Copies Idiomias United

Office DEPOT

OfficeMax

LAFAYETTE - (337) 234-9900

04/30/2019 9:35 AM



22VTUQP3MYMXRX6H

SALE 385-6-1532-749045-19.4 2

167060 BW SS Letter

700 @ 0.15 105.00

Bulk @0.025 -21.00

Retail After Discounts 84.00

Business Solutions Prc 17.50

You Pay 17.50SS

190618 CARD11X17WHITE

12 @ 0.17 2.04

Business Solutions Prc 2.04

You Pay 2.04SS

166997 Color SS Ledge

12 @ 1.44 17.28

Business Solutions Prc 4.68

You Pay 4.68SS

Subtotal: 24.22

Total: 24.22

Visa 7338: 24.22

AUTH CODE 049683

TDS: Chip Read

AID: A0000000031010 VISA CREDIT

TVR 0080048000

CVS PIN Verified

SPC CARD# 4700

Tax Exemption Number 30049823

Total Savings:

\$100.10

\*\*\*\*\*

WE WANT TO HEAR FROM YOU!

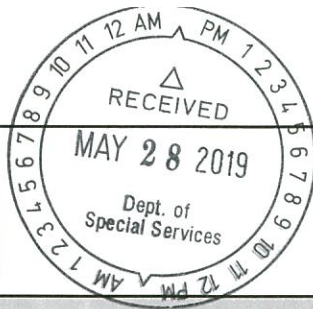
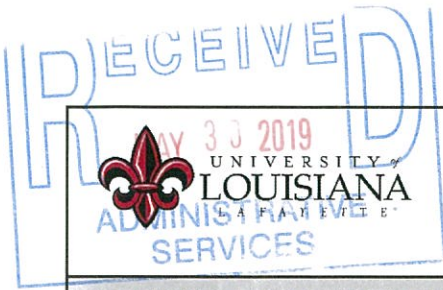
Visit [survey.officedepot.com](http://survey.officedepot.com)

and enter the survey code below:

15DW N7GG MMWS

\*\*\*\*\*





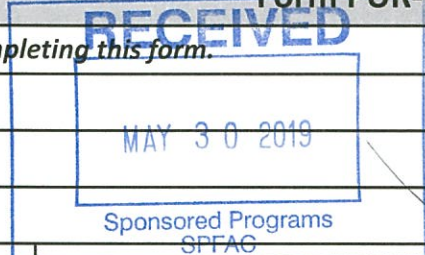
SMR # 50503

University of Louisiana at Lafayette  
Administration and Finance  
Purchasing Office  
104 University Circle

**REQUEST FOR AUTHORIZATION OF SPECIAL MEAL**

Form PUR-109

Please follow PUR-109 instructions when completing this form.



1	Request Date	May 23, 2019		
2	Host Individual/Group	Upward Bound I		
3	Host's Department	Special Services		
4	Contact Name	Constance Broussard	Phone	2-5255
	E-Mail	connie@louisiana.edu		
5	Date of Function	June 22, 2019	Time of Function	Lunch
6	Name of Function Location	Student Union Cafeteria		
7	Function Purpose/Benefit to UL	To provide lunches to program participants for the Non-Residentials Participants		
8	University Event	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sodexo <input checked="" type="checkbox"/>	Caterer <input type="checkbox"/>
			Self-Catered <input type="checkbox"/>	Restaurant <input type="checkbox"/>
		If catered, Caterer or Restaurant Name Must Be Provided _____		
9	Number of Guests	15 (Maximum number)	<input type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
			<input type="checkbox"/> Buffet <input type="checkbox"/> Reception	<input type="checkbox"/> Refreshments
10	<b>Estimated Cost</b>			
	Price Per Guest	\$7.82	Total Cost	\$117.30 (to be charged only by # actually attending)
11	Please indicate payment method. <input type="checkbox"/> LaCarte <input type="checkbox"/> Personal Reimbursement <input type="checkbox"/> Requisition <input checked="" type="checkbox"/> Sodexo			
	If the meal exceeds the state allowance, the overage will not be reimbursed and must be paid with Non-University funds.			
12	Fund	330111	Org	282902
	Account	760720	Program	30
	Amount	_____		
	Fund	_____	Org	_____
	Account	_____	Program	_____
	Amount	_____		

**Note: Payment for alcohol is prohibited using University funds.**

**APPROVALS**

Date	Signature	Department
5/28/19		Department Head
5/28/19		Supervising Dean
		Supervising Vice-President
		Provost/Vice-President of Academic Affairs (necessary for faculty only)
6/3/19		Comptroller/SPFAC
		Director of Purchasing
		Vice-President of Administration & Finance





# Request for Official Travel

SUBMIT IN TRIPLET

TR 51493

## I. REQUEST FOR TRAVEL

University Travel is requested from 8 am 5/30/19 to 5 pm 5/30/19  
TIME DATE TIME DATE

Date Submitted 5/22/19

Destination Baton Rouge, LA

Purpose of Trip Educational tour for RBV students

Benefit to University required by NSF project

## II. REQUEST FOR FUNDING

### ESTIMATED MAXIMUM EXPENSES

- Airfare (Utilization of state contracted agency required)
- Personal car ( per mile x \_\_\_\_\_ miles)
- University Vehicle (13¢ per mile x ~~124~~<sup>99</sup> miles)
- Rental Vehicle (Justification must be attached.)

Airfare \$ \_\_\_\_\_

Ground Transportation \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

Meals for 11 \$ 143.00

Registration \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Funding: By University \$ \_\_\_\_\_

By Personal \$ \_\_\_\_\_

By Foundation \$ \_\_\_\_\_

By Third Party \$ \_\_\_\_\_

Other: Attached \$ \_\_\_\_\_

Explanation \$ \_\_\_\_\_

Advance Requested \$ \_\_\_\_\_

LACARTE should be used for airfare, rental vehicles, lodging, registration, Uber, Lyft.

Conference Agenda and conference hotels and rates must be attached.

If travel includes personal travel, travel costs are limited to the lesser of the lowest airfare quote approved by travel office prior to booking.



I hereby certify that I have completed the University required Drivers Safety Course on \_\_\_\_\_.

I also certify that I have and will maintain at least the State of LA required minimum liability coverage of 15/30/25.

## III. REQUIRED SIGNATURES FOR APPROVAL

I certify that the above travel will be on official business of the University of Louisiana at Lafayette, and I have provided full disclosure of purpose and funding. I will conform to all existing State Travel and University Regulations and requirements.

Signature of Traveler [Signature] Department Civil Engineering

Typed/Printed Name of Traveler Qian Zhang Phone Extension 25802

Driver's License No. 011541475 ULID # C00255701 Title Assistant professor

**IMPORTANT: Reimbursement for Travel expenses must be submitted within 30 days following completion of travel.**

### APPROVAL

	PHONE EXTENSION	DATE	FUNDS LIMITED TO:
Department Head/Project Director <u>KMcManis</u>	<u>2-6512</u>	<u>5-22-19</u>	\$ _____
Dean of College <u>Ahmed Khattab</u>		<u>5-22-19</u>	\$ _____
Administrative Head _____			\$ _____
President/Vice President (if required) _____			\$ _____
Compt./Asst. Vice President for Financial Services _____			\$ _____
Director of Purchasing/Travel Manager _____			\$ _____
Vice President of Administration & Finance _____			\$ _____

**FOR TRAVEL COORDINATOR USE ONLY**

Travel Advance Voucher Number \_\_\_\_\_

Date Travel Advance Received \_\_\_\_\_

Amount Received \_\_\_\_\_

FUND	ORGANIZATION	ACCOUNT	PROGRAM	AMOUNT
<u>330137</u>	<u>242510</u>	<u>720400</u>	<u>21</u>	<u>4150</u>
		<u>760810</u>		