

Reimbursement Request

1. Click on the Reimbursement Request link to start the form.
2. You will be prompted to log in to Adobe Sign.
 - a. In the *email address line*, type in your full saclink email address, including @csus.edu (ex. xxxxx@csus.edu) (see figure 1. for the Adobe Sign-In screenshot).
 - b. Click the **Continue** button.
 - c. You will see an Adobe Sign splash screen as it routes you to the *Adobe Sign Send* page.

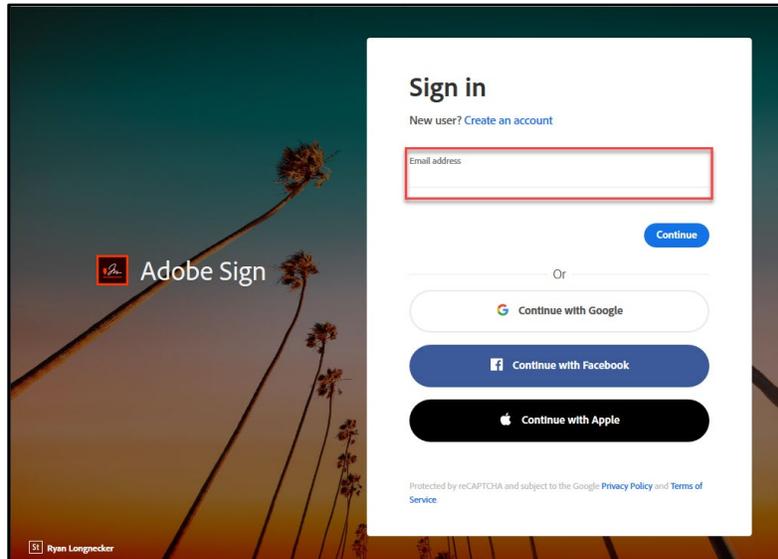


Figure 1. Adobe Sign-In screenshot

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3. Once on the *Adobe Sign Send* page (see figure 3. for the *Send* page screenshot)
 - a. Click *More* for a list of required information for this form.
 - b. Navigate to the *Recipient* fields listed and enter the primary email address. To ensure you are using the primary email address, navigate to directory.csus.edu to confirm the email address.
 - i. **Optional- Preapproval** by a designated staff may be required by your department or VP, please input the staff's email below if applicable.
 - ii. **REQUIRED FIELD- Department Approving Official** field (*Signature must be on file in Delegation of Authority list in CFS*). **Stop here if this is an allowable requests.** If an exception continue to next steps.
 - iii. **Required for exception to policy payments-** *Authorized Signer* field (see figure 2. for the *Authorized signer criteria screenshot*). If signer is the same as approving, they must sign twice. Place email in both sections.

**Direct Payment Exception Requests up to \$2,500 - Department's Manager or Chair shall sign the Direct Payment Requests
Direct Payment Exception Requests from \$2,501 to \$10,000 - AVP or Dean shall sign the Direct Payment Requests
Direct Payment Exception Requests over \$10,000 - requires both AVP/Dean and ABA/CFO approval**

Figure 2. Authorized signer criteria screenshot

- i. *Procurement* field – Required for all exceptions – use **sebastian.head@csus.edu**
 - ii. *VP/CFO* field – Required if over \$10,000.00 – use **machelle.martin@csus.edu** and use the CC field below to add **vp-cfo@csus.edu**.
 - b. The *Accounts Payable* email address auto-populates in and you will not be able to change this.
 - c. In the CC field, enter email(s) if applicable.
 - d. In the *Document Name* field, after **Reimbursement Request**– type the payee name *e.g. Reimbursement Request – John Doe*).
 - e. Click the **Send** button to route the form for signature.

AP_Reimbursement Request

How this workflow works?
What is a Reimbursement Request?

more ▾

Recipients

Sender *

✉ Email

Preapproval by a designated staff may be required by your department or VP, please input the staff's email below

✉ Email

Department Approving Official - Stop here if this is an allowable request *

✉ Email

Authorized Signer - required for all exceptions

✉ Email

Procurement - required for all exceptions - use LACK@csus.edu

✉ Email

VP/CFO - required if over \$10,000.00 - use bowman@csus.edu and use the CC field below to add vp-cfo@csus.edu

✉ Email

Accounts Payable *

✉ Email

CC | Hide

Cc

Document Name - Include the Vendor/Payee Name (e.g. Reimbursement Request - John Smith) *

Message *

Files

Figure 3. Send page screenshot

4. Once on the form, click the yellow tab to navigate to the required fields and type in your information (see figure 4. for the Reimbursement Request form screenshot).
 - a. Navigate to the *Supporting Documents* fields. Click on 'Click..' to attach supporting documents.
 - b. In the *Justification* field, attach justification memo for purchase and payment policy exceptions only.

SACRAMENTO STATE | POWERED BY Adobe Sign

Options ▾ Reimbursement Request

Reimbursement Request

Supplier#: *
(Look-up Supplier number in CFS and record here or indicate new, Payment will not be processed until the Supplier Data Record Form has been returned to AP and entered into CFS)

Payee (Make check payable to)
 Payee Name: *
 Address: *
 City: *
 State: * Zip: *

Authorized Reimbursement: *

Account	Fund	Dept ID	Choose from the ... ▾	Amount
*	*			USD
				USD
				USD
Grand Total				\$0.00

Comments/Instructions: *

Handling Instructions: * Please Call Ext.

Department Approval
 Department: * Zip Code: *
 Department Contact: * Ext: *

By my signature above, I certify that I am authorized to expend funds from the department listed above. I also certify that this is a legitimate expenditure

Support Documents
 Receipt 1: * [Click to ...](#)
 Receipt 2: [Click to ...](#)
 Receipt 3: [Click to ...](#)
 Receipt 4: [Click to ...](#)
 Justification: [Click to ...](#)

Figure 4. Reimbursement Request form screenshot

5. Once all the required fields are completed, click the blue **Click to Send** button at the bottom of your screen (see figure 5. the *Click to Send* button screenshot).



Figure 5. Click to Send button screenshot

- A thumbnail of the form and confirmation message will display. (see figure 6. Confirmation message screenshot) This message confirms that the Reimbursement Request was sent for signature(s). You will also receive an email confirmation that the document was sent for approval. This completes your portion of the workflow.

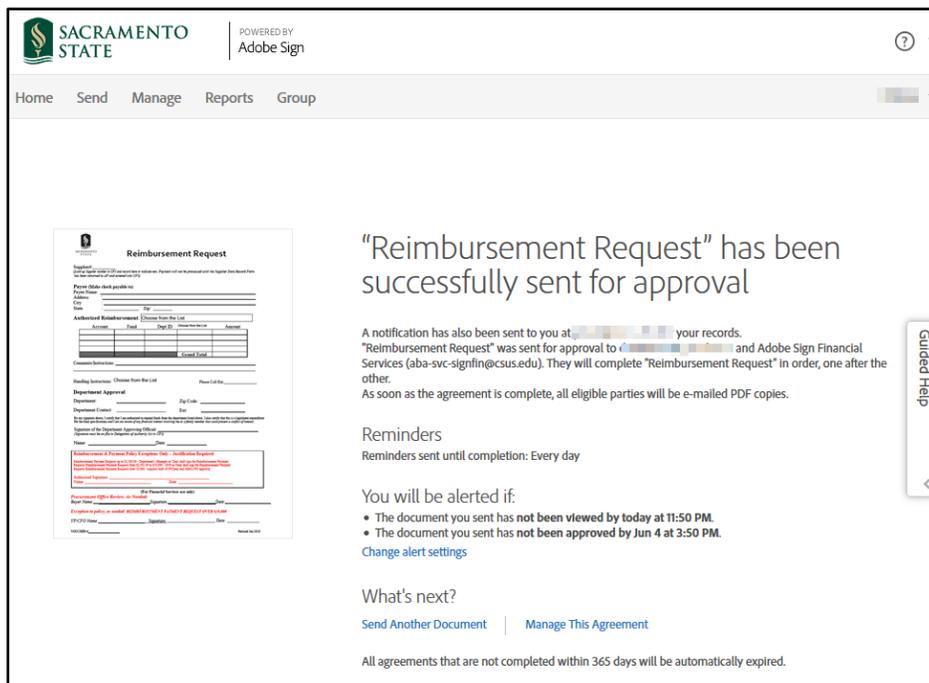


Figure 6. Confirmation message screenshot

- Once the invoice is approved, you will receive an email confirmation. (see figure 7. Approval Confirmation screenshot) To view the approved document, click on the link provided in the email.

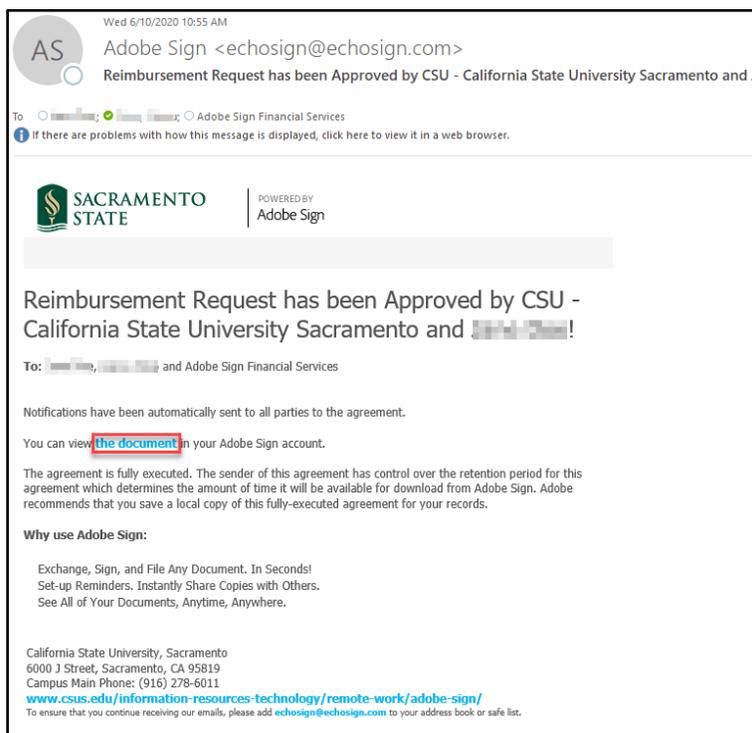


Figure 7. Approval Confirmation screenshot