

Controller's Office – General Accounting Cash Advances and Prepaid Card Program March 2022

Today's Agenda

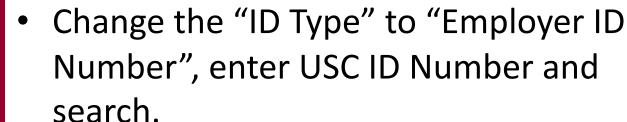
- Supplier set up
- How to Request a:
 - Cash Advance
 - Cash Advance Settlement
 - Team Travel Advance
 - Grant Cash Advance
- Types of Prepaid Cards
- Benefits of each Prepaid Programs
- How to Request a Prepaid Card
- How to Reconcile a Prepaid Card
- Resources and Contacts



Supplier set up Required

- Each recipient of a cash advance must be set up as a Cash Custodian Employee
 Supplier in the Supplier File in advance of the payment.
- Use the navigation below to search the Supplier File.

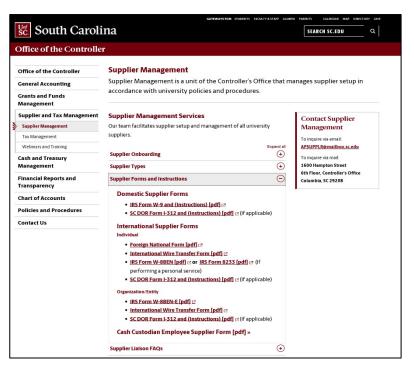
Main Menu > Suppliers>Supplier
Information>Add/Update> Review Supplier





Supplier Not Found

 If your supplier is not found, it must be added by completing the Cash Custodian Employee Supplier Form on the Controller's website.





Email the completed form to APSupplr@mailbox.sc.edu

Timeframe for Supplier Set Up

- Suppliers are set up as received
 - Usually within 3 business days once appropriate documentation is received.
 - Change the "ID Type" to "Employer ID Number", enter USC ID Number and search.
 - The navigation is:

Main Menu > Suppliers > Supplier Information > Add/ Update > Review Suppliers

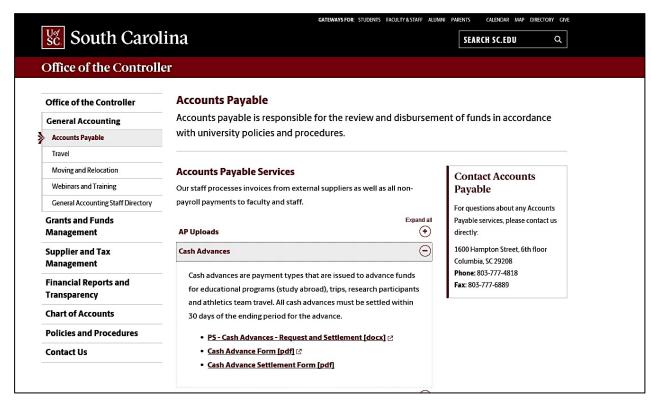


Steps to Request a Cash Advance

- Each individual requesting a cash advance must be submitted separately at least 7 – 10 days in advance.
- Complete the Request for Cash Advance form.
 - All information and justification to support the Cash Advance payment must be included on this form.
 - The form and supporting documentation should be scanned in order to get attached to the Payment Request.



Location of Cash Advance Request and Settlement Forms

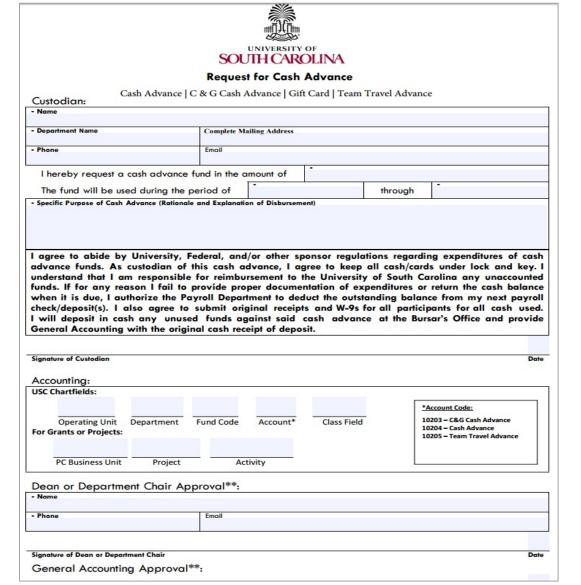




https://www.sc.edu/about/offices_and_divisions/controller/general_accounting/accounts_payable/index.php



Sample Request for Cash Advance Form





Steps to Request a Cash Advance Cont'd

- Submit a Payment Request in PeopleSoft.
 - Main Menu > Employee Self Service > Payment Request Center
 - Use Account code 10204 for cash advances and gift cards.
 - Be sure to include any special instructions, such as Hold for Pick Up in the Comments section of the Payment Request.
 - Attach the completed Request for Cash Advance form to the Payment Request.
- Once the Payment Request is approved the payment will be created by Accounts Payable.



Steps to Complete a Cash Advance Settlement

- All cash advances must be settled within 30 days of the ending period for which the advance was issued.
- The custodian of the funds must complete a Cash Advance Settlement form and supply the required documentation.
- When completing the form ensure that you:
 - Use correct account code 10204 for cash and gift cards.
 - Attach all receipts.
 - Provide a list of participants in the program (if applicable).
 - Provide a list of all gift card recipients. (If the total amount per participant is expected to be more than \$600 for the calendar year, the department must retain a W-9 for each gift card recipient.)



Sample Cash Advance Settlement Form

Cash Advance Se	ettlement For	rm		Submit this Settler	roim and ai	. cocumentation	- LO COSMODUC	<u>. Jacoo</u> .	
Date:									
Cash Advance Custodian:									
Date of Original Advance:			Voucher # of Or	iginal Advance:					
					Account	PC Business			
Original Chartfields:	Operating Unit	Department	Fund	Class Field	Code	Unit	Project	Activity	
			Settlement D	etalls	1				
Amount of Original Cash Ad	lvance								
PART I: Summary of Receip Please attach all itemized rec		his cash advance (re	eceipts must show	proof of payment).	Summarize the red	ceipts below and	include the ch	artfields to w	hich
the receipts are to be charge	d. If only one chartfield	then you may ente	r once.			Account	Business		
Vendor	Amount	Operating Unit	Department	Fund	Class Field	Code	Unit	Project	A
									<u> </u>
	4								┡
	_								<u> </u>
	1								╁
									┢
					<u></u>				
									_
						2			
Total Receipts	0.00								
PART II: Summary of Depos Please list all deposits that w Vendor		unds and attach a co	opy of the deposit	receipt to this Settle	ment Form.				
PART III: Additional Paymen	nt Due			0					
PART VI: Participate List, Gi Please provide a list of all pa Part V: Certification	ift Card Recipients (As articipants, gift card reci	needed) ipients, team travel	participants.						
I certify that all funds were u	used for official business	s for the University (of South Carolina.						
				Date					



Steps to Complete Cash Advance Settlement Cont'd

- Ensure remaining funds are deposited with the Bursar's Office using the Deposit procedures in PeopleSoft and Account Code 10204.
- Be sure to include the Deposit Transmittal form.
- Email all the items mentioned to: <u>cashadvc@mailbox.sc.edu</u>



Team Travel Advances

- The steps for requesting Team Travel
 Advance are the same as the regular cash
 advance, the only difference is the Account
 Code on the Request form, Payment
 Request and Settlement form.
- Use Account code 10205.
- The Settlement process for this type of advance is also the same.



Grant Cash Advances

- The steps to request a cash advance from a grant are the same as a regular cash advance. The only difference is the Account Code on the Request form, Payment Request and Settlement form.
- Use Account code 10203 instead.
- The Settlement process for this type of cash advance is also the same.



Types of Prepaid Card Programs

- Participant Card
 - Participant Anonymous
 - Participant Registered
- Business Expense



Items Below Apply to all Card Programs:

- Cardholder must have US address.
- International Transactions incur 3% fee.
- Open card orders must be partially or fully settled prior to subsequent requests.
- Cards are subject to suspension by Bank of America's fraud prevention services. In such cases, cardholder must call BOA at number on back of card immediately for reactivation.
- The department is responsible for maintaining W-9s from participants where total payment in any form, including cards, is expected to exceed \$600 per calendar year. (see procedures)
- Participation by USC employees is highly discouraged. If participants are USC employees, all payments must be reported to Payroll for inclusion on the employee's W-2.



Participant Card Program Overview

- Prepaid debit cards are issued through Bank of America
- The cards can be loaded with values
 \$5 \$100
- Participants can register their cards online to protect funds if cards are lost or stolen



Prepaid Card Matrix

Card Program	Card Description and Details	Account Code	Required Documentation
Participant Anonymous	To pay program participants a one-time payment: • Program participant - card does not have to be registered with the issuing bank • Funds belong to participant and cannot be unloaded • 3-5 day lead time, no withdrawal option, not reloadable, and maximum request amount of \$100 per participant	<u>Prepaid</u> 19010 <u>Expense</u> 54535	Card Orders: Participant Card Request Form If research, IRB letter required Settlement: Proof of card distribution to participants
Participant Registered	To pay program participants a one-time or recurring payment: • Program participant - cardholder information has to be provided to the Controller's Office • Funds belong to participant and cannot be unloaded • Card is personalized • 7-10 day lead time, has a withdrawal option, it is reloadable, and maximum request amount of \$100 per load	<u>Prepaid</u> 19010 <u>Expense</u> 54535	Card Orders: Participant Card Request Form If research, IRB letter required Settlement: Proof of card distribution to participants



Benefits of the Participant Card Program

- No need for cash advances
- No activation or card fees to the department
- PeopleSoft supplier set up no longer needed
- Cards can be loaded for any amount needed (up to \$100)
- Orders processed within 3-5 days for anonymous, and 7-10 days for registered



Requesting Participant Cards

- Complete Research Participant Card Request Form
- Include IRB approval
- Email form and IRB approval to: cards@mailbox.sc.edu
- Allow 3-5 days for processing
- You will receive an email when requested cards are loaded and ready to be picked up
- Please order conservatively; <u>cards cannot be</u>
 returned



*Please bring a bag or small box with you, if possible, for transporting cards.

Research Participant Card Request

UNIVERSITY SOUTH CAR			Research		er's Office nt Card Request	Form		
Administrator's N	lame:							
Department Nam	e:							
Research Progra	m or Study:							
IRB Approval Dat						(Attach IRB	approval)	
Requested Pick l	Jp Date:							
Intended Use of 0	Cards:							
Chartfields:					DC Dusiness			
Operating Unit	Department	Fund	Account	Class	PC Business Unit	Project	Activity	
			19010					
	Card Requests:							
			Number of cards		Amount per card (min \$5 max \$100)		\$ Total Amount	
		Set 1:		х		=)	0.00	
		Set 2:		x		=	0.00	
				Tot	al \$ Amount of A	II Cards:	0.00	
Unused cards canno	ot be returned to the	e Controller's	Office. Pleas	se take this i	nto consideration v	vhen orderin	g cards.	
By signing below Participant cards w The research depo Cards will be store	vill be distributed a artment will maintai	in all records					e per procedure	e.
Requested By:						Date:	:	
PI Approval:						Date:		
Departmental Ap	proval:					Date:		
	Plea	se email th	is Request	Form to c	ards@mailbox.s	c.edu		
Controller's Office	e Use Only:							
Card Request ID:	_				Card Series:			
Cards Received By:					Date Received:			



Tracking Participant Card Inventory

- You will be responsible for keeping track of which cards have been issued and to whom for clearing prepaid
- Cards must be stored in a secure location
- You will receive a list of cards identified by Proxy ID to aid in identifying and settling
- Cards <u>cannot be returned</u> to the Controller's Office



Settling the Participant Card

- Orders should be settled within 90 days of the request
- If program extends beyond 90 days, partial settlement should be submitted every 90 days
- Submit signed card log <u>or</u> payment receipts to <u>cards@mailbox.sc.edu</u>

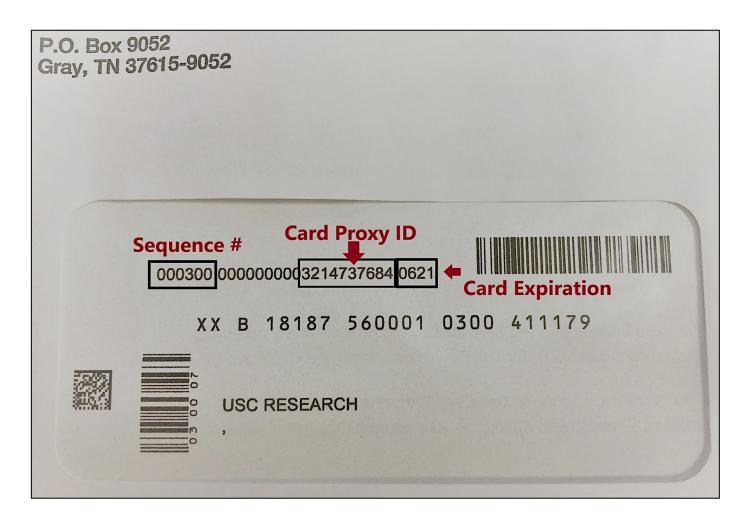


Participant Card Sample Settlement Log

Research Program: ABC study Administrator: John Doe Request ID: 12345

Sequence #	Card Proxy ID	Card Value	Recipient Signature	Received Date
35	40123458	25.00		
36	40123459	25.00		
37	40123460	25.00		
38	40123461	25.00		
39	40123462	25.00		
40	40123463	25.00		
41	40123464	25.00		
42	40123465	25.00		
43	40123466	25.00		
44	40123467	25.00		
	20	250.00		1.5

Participant Anonymous Card Envelope



Business Expense Program Overview

- Prepaid debit cards are issued through Bank of America
- The cards can be loaded with values up to \$10,000
- This card can be used for educational programs, participant electronic gift cards, and athletic per diems
- Cards can only be issued to employees
- Remaining funds can be unloaded by the Controller's Office
- Cards can be retained/reloaded for future requests
- BE card cannot be used for individual travel or any purchase subject to procurement



Business Expense Card Matrix

Card Program	Card Description	Card Details	Account Code	Required Documentation
Business Expense	 To advance funds for: Educational programs (e.g. study abroad, summer programs, etc.) Participant electronic gift cards (e.g. Amazon, mTurk, etc.) Athletic per diem 	 Employees only Funds belong to USC and remaining funds can be unloaded Card is personalized 7-10 day lead time, has a withdrawal option, it is reloadable, and maximum request amount of \$10,000 per program 	Prepaid 19011 Expense Varies per Charge	Card Orders: Business Expense Card Request Form Settlement: BE Card Settlement Form Food Memo required for acct code 53005 Receipts

Benefits of the Business Expense Card Program

- No need for cash advances
- No activation or card fees to the department
- PeopleSoft supplier set up no longer needed
- Orders processed within 7-10 days
- Cards are embossed with employee's name



Requesting Business Expense Cards

- Complete Business Expense Card Request Form
- Include IRB approval (only if using the BE card for participant cards)
- Email form and IRB approval to: cards@mailbox.sc.edu
- Allow 7-10 days for processing
- You will receive an email when requested card is ready to be picked up



Business Expense Card Request

UNIVER SOUTH C	SITY OF AROLINA		Busine		ler's Office e Card Request	Form			
Cardholder's Nan	ne:								
Department Nam	e:								
Complete USC Of Mailing Address:									
Phone Number:]								
Requested Amou	ınt:								
Date range funds	are needed:			to					
New Card	Request		Card Reloa	d Request	: Last 4 digits o	f card #			
Intended Use of (Card:	(Include IRB	B approval it	purchasing	electronic partic	cipant gift ca	rds)		
Chartfields									
Chartfields: Operating Unit	Department	Fund	Account 19011	Class	PC Business Unit	Project	Activity		
Operating Unit By signing below Business Expense The cardholder wil If settlement is not outstanding balance	r, I certify that: card will be used of il maintain all receip received by the du from future payroll	only for intendents and recording date or if fur	19011	as specified o	Unit on this form.	s. le Payroll Dep		Jeduct the	
Operating Unit By signing below Business Expense The cardholder wi If settlement is not outstanding balance Cardholder Signa	r, I certify that: e card will be used o Il maintain all receip received by the du from future payroll ature:	only for intendents and recording date or if fur	19011	as specified o	Unit on this form.	S.		deduct the	
Operating Unit By signing below Business Expense The cardholder wil If settlement is not outstanding balance Cardholder Signa Departmental Ap	r, I certify that: e card will be used o Il maintain all receip received by the du from future payroll ature:	only for intendents and recording date or if fur	19011	as specified o	Unit on this form.	s. le Payroll Dep		deduct the	
Operating Unit By signing below Business Expense The cardholder wil If settlement is not outstanding balance Cardholder Signa Departmental Ap	r, I certify that: e card will be used o Il maintain all receip received by the du from future payroll ature:	only for intendents and recording date or if fur	19011	as specified o	Unit on this form.	s. ee Payroll Dep Date:		deduct the	
Operating Unit By signing below Business Expense The cardholder wil If settlement is not outstanding balance Cardholder Signa Departmental Ap	r, I certify that: e card will be used o Il maintain all receip received by the du- from future payroll ature: proval Printed Name: Signature:	only for intendi ts and record e date or if fu check(s).	ed purpose a is for proper inds are used	as specified c reconciliation I for unautho	Unit on this form.	s. le Payroll Der Date: Phone: Date:		deduct the	
Operating Unit By signing below Business Expense The cardholder wil If settlement is not outstanding balance Cardholder Signa Departmental Ap	r, I certify that: e card will be used o Il maintain all receip received by the du from future payroll ature: proval Printed Name: Signature: Ples	only for intendi ts and record e date or if fu check(s).	ed purpose a is for proper inds are used	as specified c reconciliation I for unautho	Unit on this form. of all transactions rized expenses, th	s. le Payroll Der Date: Phone: Date:		deduct the	
Operating Unit By signing below Business Expense The cardholder wil If settlement is not outstanding balance Cardholder Signa Departmental Ap	r, I certify that: e card will be used o Il maintain all receip received by the du from future payroll ature: proval Printed Name: Signature: Ples	only for intendi ts and record e date or if fu check(s).	ed purpose a is for proper inds are used	as specified of reconciliation of the concentration	Unit on this form. of all transactions rized expenses, th	s. le Payroll Der Date: Phone: Date:		deduct the	



Settling the BE Card

- Complete and submit the BE Settlement form
- Needs to be settled within 30 days of the ending period for the request
- Include all receipts and documentation (e.g. vendor receipts, list of participants in programs, list of gift card recipients, etc.)
- Include original signed BE Request Form
- A food memo must be submitted if using account code 53005
- Send forms and all backup to cards@mailbox.sc.edu



Business Expense Card Settlement Form

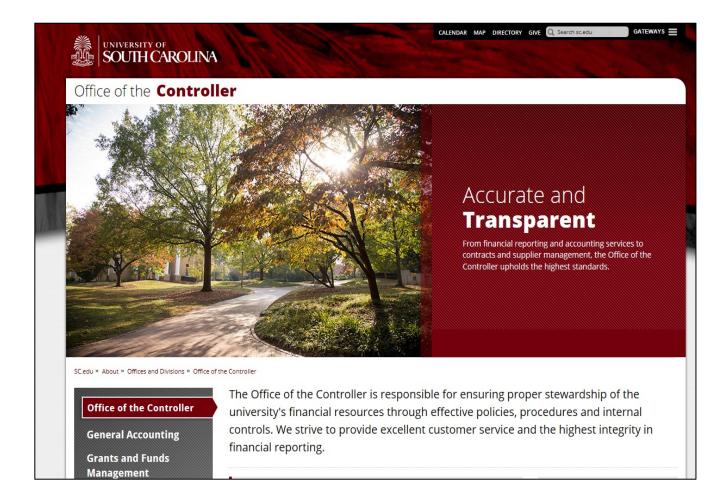
UNIVERSITY SOUTH CAR				Controller's cpense Cai	s Office d Settlement Fo	rm		
Date:								
Cardholder's Na	me:							
Date of Original	Request:							
Total Loaded Fu	nds:							
	Card will be dest	royed			Card will be kep	pt for future	erequests	
Original Chartfie Operating	lds:				PC Business			
Unit	Department	Fund	Account	Class	Unit	Project	Activity	
			19011					
	1 as an expense ac	count below.			PC Rusiness			
Operating Unit	Department	Fund	Expense Account	Class	PC Business Unit	Project	Activity	Amount
Operating			Expense	Class		Project	Activity	Amoun
Operating			Expense	Class		Project	Activity	Amoun
Operating			Expense	Class		Project	Activity	Amount
Operating			Expense	Class				Amount
Operating Unit	Department	Fund	Expense	Class			Activity I Charges:	
Operating Unit PART II: Rema	Department aining Funds g on card to be refur	Fund	Expense Account					
Operating Unit PART II: Remaining (Total charges plu)	Department Aining Funds g on card to be refured to remaining funds she fication	Fund nded: build equal total li	Expense Account	/e.)	Unit			
Operating Unit PART II: Remaining (Total charges plu)	Department aining Funds g on card to be refur to remaining funds she fication des were used for official	Fund nded: build equal total li	Expense Account	/e.)	Unit			



Where to Find the Resources Referenced in this Presentation

Controller's Website – General Accounting – Webinars and Training:

http://sc.edu/about/offices and divisions/controller/





Contact Information

Cash Advance • Cash Advance Settlement Forms • Team Travel Advance Settlement Forms Grant Cash Advance Settlement Forms For cash advance inquiries, email **cashadvc@mailbox.sc.edu**. **Prepaid Card Program** • Participant Anomynous • Participant Registered • Business Expense Card For Prepaid Card Program inquires, email cards@mailbox.sc.edu.

Questions



