

# **BMCC Association**

**Room S 233**

**9:00am – 5:00pm**

**212 220-8163**

## **Staff**

**Mr. Anthony Lothian  
Business Manager**

**Mr. Wing “Ken” Wong  
Accountant**

**Mrs. Marie Lauture  
Administrative Assistant**

# BMCC Association Inc.

- Work together with student clubs, Student Government Association (SGA), Office of Student Activities (OSA) and Vice President of Student Affairs.
- Provide clubs with guidance and assistance on compliance with CUNY Fiscal Accountability Handbook.
- Track clubs available funds for each “line item” and activity.
- Issue payments directly to vendors.

# The Disbursement Process

## Signatures

The Disbursement voucher requires several approval signatures:

Sponsor Club:

- President
- Treasurer
- Faculty Advisor

Student Government Association: Makes sure your request matches your original budget request

Office of Student Activities: Reviews all documentation and concurs with the activity

BMCC Association: Attests to the remaining approved Budget for the line item and activity

VP for Student Affairs: Gives final approval to issue payment directly to vendor

# The Disbursement Process

Advice on time

- Begin paper works at least 2 weeks in advance for purchases.
- Begin planning for events even earlier.
- Schedule all major club events to occur weeks before finals.



# Disbursement Voucher

Upon compliance with the Bidding Process, the lowest priced vendor is selected.

The Club completes the Disbursement Voucher, (signed by the President, Treasurer and Faculty Advisor) attaches the required bids, obtains attestation that there is sufficient Approved Funding for:

- Activity's total cost
- Line item for each cost

Once the Disbursement Voucher receives approval from OSA, BMCC Association and the VP for Student Affairs , the BMCC Association will prepare a Purchase Order which is provided to the vendor.

# Bidding Process

**A bid is a solicitation of a vendor to provide services.**

- \$250 or less

**Bid not required**

- \$251 to \$2,500

**Three (3) bids required and a Purchase Order issued by  
BMCCA office**

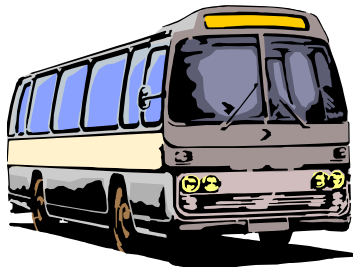
- \$2,501 to \$20,000

**Five (5) sealed bids required and Purchase Order issued  
by BMCCA office**

# Which must I bid on?

- MUST BID ON:

- Most simple items like t-shirts
- Most transportation like buses and airlines



- MUST NOT BID ON:

- Hotels
- Artistic performances
- Some transportation
- Certain specialty items



# Exempt from bidding

- Contracted vendors by BMCC – e.g. B&N book store.
- NYC & State contracted vendor BMCC uses







**BOROUGH OF MANHATTAN COMMUNITY COLLEGE ASSOCIATION, INC.**  
 199 Chambers Street New York, N.Y. 10007 Phone: (212) 220-8183

**DISBURSEMENT VOUCHER**

**How to fill out Disbursement Voucher**

1. Today's date.
2. Name of your organization and phone number.
3. Budget category purchase is suppose to come from. Leave ACCT. NO. blank.
4. Name and address of Vendor or person to receive payment. Include a phone number.
5. Should check be mailed or picked up?
6. Purpose of purchase should be aligned with your budget. Date of event must be mentioned.
7. Separate purchases according to your budget.
8. Endorsement of President, Treasurer **AND** Advisor of organization.
9. For club use: Endorsement of Student Government Association as allocating body.
10. At this point submit this form to BMCC Student Activity Office.

DATE \_\_\_\_\_

REQUESTING ORGANIZATION \_\_\_\_\_ PHONE \_\_\_\_\_

BUDGET CATEGORY \_\_\_\_\_ ACCT. NO. \_\_\_\_\_

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**MAKE CHECK PAYABLE TO:** \_\_\_\_\_ **4**  MAIL CHECK TO VENDOR

ADDRESS \_\_\_\_\_  CHECK WILL BE PICKED UP

CITY/STATE/ZIP \_\_\_\_\_  BMCCA CREDIT CARD

**PURPOSE OF EXPENDITURE (Include: Name & Date of Event)** **6**

	Itemized Amounts	

**ORIGINAL INVOICE/RECEIPT, BIDS, PERSONAL SERVICE CONTRACT, etc. MUST BE ATTACHED.** **PAY THIS AMOUNT**

The signers below certify that the expenditures are necessary, proper and are made within the budgetary limitations of the above fund.

TITLE	PRINT NAME	SIGNATURE-DATE
PRESIDENT	_____	_____
TREASURER	_____	_____
FACULTY ADVISOR	_____	_____
ALLOCATING BODY (SGA for Club Requests)	_____	_____
Authorized College Official (OSA, Athletics, Media)	_____	_____
BMCC Association	_____	_____
V.P. of Student Affairs	_____	_____

**CHECK PICKED UP BY:**

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

CHECK NO. \_\_\_\_\_ DATE \_\_\_\_\_

Amount \$ \_\_\_\_\_

Check Mailed Date \_\_\_\_\_ Initials \_\_\_\_\_

White - BMCCA Copy      Yellow - Originator's Copy      Pink - Student Government Association Copy

# PURCHASE ORDER

**BMCCA Association, Inc.**

BOROUGH OF MANHATTAN COMMUNITY COLLEGE  
THE CITY UNIVERSITY OF NEW YORK  
199 CHAMBERS STREET, NEW YORK, NY 10007

PO # **1388**

MAKE PAYMENT INQUIRIES TO: (212) 618-1809  
FAX: (212) 346-8154

F.O.B. _____ <input type="checkbox"/> DESTINATION <input type="checkbox"/> INSIDE DELIVERY	CHANGE ORDER <input type="checkbox"/> <input type="checkbox"/> DECREASE <input type="checkbox"/> ENTRY <input type="checkbox"/> INCREASE <input type="checkbox"/> CANCELLED
VENDOR NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ ATTN. OF _____ TEL. _____	DELIVER TO: <b>Receiving Department, Room N113 Borough of Manhattan Community College West and North Moore Streets New York, New York 10007</b>  DELIVERY TIME: <b>9:30 AM-4:00 PM</b>  BMCCA BID NUMBER : _____

ACCOUNT	PURCHASE ORDER	DATE TYPED	ESTIMATED DEL. DATE	DATE MAILED	BID OPENING DATE	REQUISITION NUMBER	TERMS	TOTAL ORDER AMOUNT	
ITEM	DESCRIPTION					QUAN.	UNIT	UNIT PRICE	AMOUNT

<b>IMPORTANT</b> P.O. NO. MUST APPEAR ON INVOICES, PACKAGES, CARTONS, ETC.	<b>TOTAL ORDER AMOUNT</b>
CERTIFICATES	BMCCA REPRESENTATIVE

# Personal Service Contract

For personal services such as a lecturer, entertainer, etc, the Personal Service Contract (PSC) is completed by the club in conjunction with the BMCC Association.

- Students are not permitted to sign a PSC.
- An club executive must document that the Independent Contractor provided services in accordance with the PSC. A sign-in sheet for the event is acceptable.
- The Biography of the PSC must be provided.

The PSC must be approved by the VP for Student Affairs prior to the activity.

**Important:** The IRS Tax Code requires the Association to obtain:

- Form I-9, and Department of Homeland Security Support
- Form W-9

Both IRS forms I-9 & W-9 must be received for the Independent Contractor to receive payment for services provided. Additional ID must be submitted with both forms.



**BOROUGH OF MANHATTAN COMMUNITY COLLEGE ASSOCIATION, INC.**  
 199 Chambers Street Room 8360 New York, N.Y. 10007 Phone: (212) 220-8164

**PERSONAL SERVICE CONTRACT**

Agreement made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, between  
(Date) (Month) (Year)

**Borough of Manhattan Community College Association, Inc.** and \_\_\_\_\_  
(Contractor or Agent)  
 on behalf of \_\_\_\_\_  
(Name of Organization)

**Taxpayer ID # (or S.S. #)** \_\_\_\_\_ to perform \_\_\_\_\_  
(Type of Activity)

on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Location)

between the hours of \_\_\_\_\_ and \_\_\_\_\_. It is agreed that as full compensation for the services noted above, the contractor shall be paid \$ \_\_\_\_\_.

Payments shall be made as indicated below:

- a) Deposit of \$ \_\_\_\_\_ on \_\_\_\_\_.
- b) Balance of \$ \_\_\_\_\_ to be paid upon completion of performance.

Stipulations, if any (Attach separate sheet if necessary & initial it): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Neither party will be bound by any statements or representations that are inconsistent with the terms of this agreement or which include a promise not herewith contained. Neither party may assign its rights nor delegate its performance under this agreement without first obtaining the other party's written consent.


\_\_\_\_\_  
**Name of Organization/Agent (Contractor)**

\_\_\_\_\_  
**Number and Street Apt. City State Zip**

\_\_\_\_\_  
**Fax E-mail**

**AGREED AND ACCEPTED**

**NOTE: This contract is not valid until both parties have signed below.**

Agent's Full Name (Print)		BMCC Chief Student Affairs Officer (Print)
SIGNATURE		SIGNATURE
Date ( )	Area Code	Phone #
Date		Date

# Contracts

- VP of Student Affairs is the **ONLY PERSON** who may sign the PSC or any other contract.
- Students have no legal authority to execute contracts.
- If a vendor approaches you about a contract, see the Business Manager at the BMCC Association.

## AGREEMENT

This Agreement is made between Commercial Resources Tax Group, Inc. hereinafter referred to as C.R. with its principal offices located at 3040 Saturn Street Suite 107, Brea, CA 92821, and

Company Name  
Address  
City, State Zip Code  
Parcel Number

Hereinafter referred to as Client

1. The Client hereby authorizes C.R. to review the direct assessment charges (direct assessments consist of non-valuation charges on property tax bills) for all agreed upon locations.
2. Upon completion of the investigation of direct assessment charges, if a reduction in direct assessment charges is feasible, Client then authorizes C.R. to file all necessary instruments or appear before the proper authorities for the purpose of applying for and obtaining corrections in such direct assessment charges.
3. All refunds or credits will be on a per parcel basis. Client agrees to pay C.R. a fee of fifty percent (50%) of all refunds, accumulated interest and credits (corrected tax bills) obtained during the length of the agreement.
4. C.R. Will not be entitled to any fees under this agreement until C.R. is successful in obtaining refund monies or credits only from the proper Districts, Agencies, or Utility Companies on behalf of the Client. If C.R. is not successful, Client will pay **nothing** for C.R.'s time or efforts in an attempt to obtain refunds on behalf of the Client.
5. This Agreement is in effect for a period of thirty-six months (36) from the effective date herein. If legal action is necessary to enforce the terms of this agreement, the prevailing party will be entitled to reasonable attorney fees and costs in addition to any relief which he may be entitled.
6. If any portion of this Agreement is deemed unenforceable by a Court of Law, the remaining portion of this Agreement will remain in full force.

COMMERCIAL RESOURCES

CLIENT

Title

Title

Date

Date



# Important to remember

1. Only the Vice President of Student Affairs can sign off on the PSC.
2. The PSC along with the disbursement voucher must be approved prior to the event.

**BOROUGH OF MANHATTAN COMMUNITY COLLEGE ASSOCIATION, INC.**  
104 Chambers Street Room 3208 New York, N.Y. 10017 Phone: (212) 224-8644

**PERSONAL SERVICE CONTRACT**

Agreement made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ between  
(Date) (Month) (Year)

Borough of Manhattan Community College Association, Inc. and \_\_\_\_\_  
(Contractor or Agent)

on behalf of \_\_\_\_\_  
(Name of Organization)

Taxpayer ID # (or S.S. #) \_\_\_\_\_ to perform \_\_\_\_\_  
(Type of Activity)

on \_\_\_\_\_ of \_\_\_\_\_ (Location)

between the terms of \_\_\_\_\_ and \_\_\_\_\_ It is agreed that as full  
compensation for the services noted above, the contractor shall be paid \$ \_\_\_\_\_.

Payments shall be made as indicated below:

a) Deposit of \$ \_\_\_\_\_ on \_\_\_\_\_.

b) Balance of \$ \_\_\_\_\_ to be paid upon completion of performance.

Disputations, if any (Attach separate sheet if necessary & label "X") \_\_\_\_\_

Neither party will be bound by any statement or representation that an individual makes with the terms of this agreement or which include a promise not to be bound. Neither party will accept its signature in performance under this agreement without first obtaining the other party's written consent.

Name of Organization/Agent (Contractor) \_\_\_\_\_  
Number and Street Apt. City State Zip \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**AGREED AND ACCEPTED**

**NOTE: This contract is not valid until both parties have signed below.**

Agent's Full Name (Print) \_\_\_\_\_ BACC Chief Student Affairs Officer (Print) \_\_\_\_\_  
SIGNATURE SIGNATURE  
Date Area Code Phone # Date

# Refreshments & Catering

## MBJ

Line Item Account:

- Refreshments (food/beverages at meetings)
- Catering Services (Official Events)

Clubs must first negotiate with MBJ for all on campus events. MBJ is fully insured against the liability for bodily injury and property damage associated with services it provides.

Two exceptions:

1. Cultural-based menus that MBJ can not provide
2. Religious-based menus that MBJ can not provide

# Refreshments & Catering

## Using an outside vendor

An outside vendor may be used provided:

- Club submits a written explanation why MBJ can not provide requested food service.
- Written explanation must be approved by the **VP for Student Affairs**.

The outside caterer must provide:

- **Catering Permit** (current & valid, expired copy not accepted)
- **Liability Insurance Certificate**, which will be reviewed for coverage dollar amount and events.



# Pre-Bill Form

The Pre-Bill Form is used in special situations such as purchasing items from stores for a cake sale or decorations for an event.

In this situation, the club prepares:

- A Pre-Bill Form - which lists each of the items and vendors that require cash with an estimate of the cost.
- A Disbursement Voucher supported by the Pre-Bill Form.

The Disbursement Voucher is completed and signed by the parties previously noted.

The club must submit the approved Pre-Bill Form with supporting receipts and the unused funds no later than the business day following the activity. **The Sponsoring Club will be encumbered** until the Pre-Bill advance is settled.

# PRE-BILL FORM

**SAMPLE  
PRE-BILL**

To: **BMCC Association**

From: **Freshman Honor Society**

Date: **Today's Date**

Name of Event: **Awards Ceremony**

Date of Event: **Fall 2006** Attendance: **40 (Mem., Guests)**

Type of Publicity: **Invitations, Flyers, Mailings, Postings**

Budget: \$ **85.00** to be disbursed as follows:

Vendor - Item	Price
99¢ Store - Decorations	\$30.00
Kinko's - Flyers	\$15.00
Food Emporium - Refreshments	\$40.00
YOU WILL NOT BE REIMBURSED FOR EXPENDITURES OVER THIS AMOUNT → TOTAL	<b>\$85.00</b>

All receipts must be handed in immediately after the event.

Thank you for your cooperation.

Executive Officer's Signature *Sam Cheng* - President

# BMCC Association Inc.

## RECEIPTS

The Good The Bad & The Ugly

RITE DAY PHARMACY

Store #04185  
3539 Broadway  
New York, NY 10031  
(212) 281-5292

09/04/014:43 PM

1 VISINE LNG LAST RELIEF 3.99  
1 GE SOFT WHITE 75W 4 PACK  
1.49 T

2 Items Subtotal 5.48  
Tax 0.12  
Total 5.60  
CASH PAYMENT 6.00  
Tendered 6.00  
Cash Change 0.40

### GOOD RECEIPT

- Store name and information appears clearly
- Date and time of purchase appears clearly
- Items bought are described in detail
- Payments made are shown clearly

CANAL ELECTRONICS,  
INC  
319 CANAL STREET  
NEW YORK, N.Y. 10013  
(212) 925-6575

09-04-01  
12-23

2  
6.99 @  
0\* 13.98  
1\*1.99  
2  
2.99 @  
1\*5.98  
21.95 ◇  
1.81 TX  
23.76 ◇  
40.00 CA  
16.24 CG

1-00..34

### BAD RECEIPT

- Store name and info appears clearly
- Items are not described

09-04-01  
14-35

2  
0.99 @  
\*11.98  
0.16 TX  
2.14  
3.00 CA  
0.86 CG  
1 017289

### UGLY RECEIPT

- No store information
- No items description
- Transactions are difficult to read

# Payment Recap

- Must have an approved budget.
- Must have sufficient remaining funds per Line item and Activity.
- Activity must be approved by the VP for Student Affairs.
- Obtain the required number of Bids.
- Obtain the required approvals for the Disbursement Voucher and submit the appropriate supporting expense documentation.
- Disbursement Voucher submitted on **Monday @ 12:00pm (noon)** will be paid the following **Friday**. Disbursement Vouchers submitted on **Thursday @ 12:00pm (noon)** will be paid the following **Wednesday**.
- All vendor payments are issued directly to the vendor and issued twice weekly depending upon submission date.

Association will make all payments directly to the vendors or independent contractors.

# Balanced Budget

Chinese Culture Association	
Event Budget	
Traditional Chinese Folk Music	
<b>Revenues</b>	
Club fund allocated	4,000
Ticket sales (\$5 x 500)	2,500
Sponsors from	
Lions club	100
Dance club	85
Total revenues	<u>6,685</u>
<b>Expenses</b>	
Cost for Theater One	1,150
Musical performers	3,500
Public safety	1,600
Reception for performers	250
Piano tuning	85
Promotional flyers	100
Total expenses	<u>6,685</u>

# Conflict of Interest

CUNY Office of Counsel issued a Conflict of Interest Policy.

The purpose of this conflict of interest policy is to protect the BMCC Association when it is contemplating entering into a transaction or arrangement that might benefit the private interest of a Director, Officer, Committee member, Manager, Program Advisor, Program Officer, Club President, Club Treasurer or might result in a possible excess benefit transaction. This policy is intended to supplement, but not replace, any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Each of above noted persons of responsibility are expected to sign a Conflict of Interest Attestation.

BOROUGH OF MANHATTAN COMMUNITY COLLEGE ASSOCIATION, INC.

**CONFLICT OF INTEREST POLICY  
ANNUAL STATEMENT**

I hereby certify as follows:

1. I have received a copy of the Corporation's Conflict of Interest Policy and I have read and understand the Policy.
2. I agree to comply with the Policy.
3. I understand that the Corporation is a charitable organization that operates for the public good and that in order to maintain its tax exemption it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.

-----  
Printed Name

-----  
Signature

-----  
Date

-----  
Student Club

-----  
Title / Position

# REMINDERS

- Make sure you have club budget at the Line and Activity level.
- It is strongly recommended that you begin the Disbursement process at least 2 weeks in advance of when you wish to receive goods or services.
- The **CUNY Fiscal Accountability Handbook (est. 1992)** is available online for a review of our rules and policy:  
[http://www.cuny.edu/about/administration/offices/sa/advocacy-referral/fiscal\\_accountability\\_handbook.pdf](http://www.cuny.edu/about/administration/offices/sa/advocacy-referral/fiscal_accountability_handbook.pdf)
- Recap (slideshow)



# Club Refreshments Disbursement Voucher

- Club Refreshment Disbursement Voucher
  - Once per month per club
  - Deadline for submitting is 3<sup>rd</sup> Friday of previous month
  - Designed to save club and make ordering refreshments efficient

Control No. 00004

**BMCC**  
BOROUGH OF MANHATTAN COMMUNITY COLLEGE ASSOCIATION, INC.  
190 Chambers Street, Room 3173 New York, N.Y. 10007 Phone: (212) 220-8163

**CLUB REFRESHMENT DISBURSEMENT VOUCHER**

REQUESTING CLUB \_\_\_\_\_ DATE \_\_\_\_\_  
FOR THE MONTH OF \_\_\_\_\_ PHONE \_\_\_\_\_  
BUDGET CATEGORY \_\_\_\_\_ ACCT. NO. \_\_\_\_\_

MAKES CHECK PAYABLE TO: **BMCC FOOD SERVICES 190 Chambers Street, NY NY 10017**  MAIL CHECK TO VENDOR  
CLUB ROOM # \_\_\_\_\_  CHECK WILL BE PICKED UP  
 BMCCA Check Card

FOOD DELIVERY TIME \_\_\_\_\_

MONTH'S CLUB REFRESHMENTS (Wednesdays 7:00 - 8:00 PM) 

Week 1	Week 2	Week 3	Week 4	Week 5	Refreshed Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CLUB REFRESHMENT DISBURSEMENT VOUCHERS ARE DUE BY THE 3RD FRIDAY OF EACH MONTH FOR REFRESHMENTS THE FOLLOWING MONTH. PAY THIS AMOUNT \_\_\_\_\_

The signers below certify that the expenditures are necessary, proper and are made within the bylaws, limitations of the above fund.

TREASURER \_\_\_\_\_  
FACULTY ADVISOR \_\_\_\_\_  
SIGNATURE OF REQUESTING CLUB OFFICER (SEE INSTRUCTIONS) \_\_\_\_\_

Signature of Club Officer (BMCC Association) \_\_\_\_\_  
Signature of Club Officer (BMCC Association) \_\_\_\_\_

**FOR OFFICE USE ONLY**

PRINT NAME _____	CHECK NO. _____
DATE _____	DATE _____
CHECK NUMBER _____	AMOUNT _____

Blue - BMCCA Copy Yellow - Organizer's Copy Pink - Student Government Association Copy



Control No. 00004

**BOROUGH OF MANHATTAN COMMUNITY COLLEGE ASSOCIATION, INC.**  
199 Chambers Street, Rm S233 New York, N.Y. 10007 Phone: (212) 220-8163

**CLUB REFRESHMENT DISBURSEMENT VOUCHER**



REQUESTING CLUB \_\_\_\_\_  
FOR THE MONTH OF \_\_\_\_\_  
BUDGET CATEGORY \_\_\_\_\_

**MAKE CHECK PAYABLE TO:** MBJ FOOD SERVICES 199 Chambers Street, NY N \_\_\_\_\_  
 MAIL CHECK TO VENDOR

CLUB ROOM # \_\_\_\_\_  
 CHECK WILL BE PICKED UP

FOOD DELIVERY TIME \_\_\_\_\_  
 BMCCA CREDIT CARD

MONTH'S CLUB REFRESHMENTS (Wednesdays 2:00 - 4:00 PM) Itemized Amounts

Week 1		
Week 2		
Week 3		
Week 4		
Week 5		

CLUB REFRESHMENT DISBURSEMENT VOUCHERS ARE DUE BY THE 3RD FRIDAY OF EACH MONTH FOR REFRESHMENTS THE FOLLOWING MONTH. PAY THIS AMOUNT

*The signers below certify that the expenditures are necessary, proper and are made within the budgetary limitations of the above fund.*

TITLE	PRINT NAME	SIGNATURE	DATE
PRESIDENT	_____	_____	_____
TREASURER	_____	_____	_____
FACULTY ADVISOR	_____	_____	_____
ALLOCATING BODY (SGA for Club Requests)	_____	_____	_____
Authorized College Official, (OSA, Athletics, Media)	_____	_____	_____
BMCC Association	_____	_____	_____
V.P. of Student Affairs	_____	_____	_____

**CHECK PICKED UP BY:**

PRINT NAME \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

CHECK NO. \_\_\_\_\_ DATE \_\_\_\_\_  
Amount \$ \_\_\_\_\_  
Check Mailed Date \_\_\_\_\_ Initials \_\_\_\_\_