CAL STATE EAST BAY

Office of Research and Sponsored Programs
Cash Equivelant Expenses Summary & Pre-Approval Form

INSTRUCTIONS:
1. Please use this **Summary & Approval Form** to obtain **advance approval**.
2. Secure any needed documentation (**eg. Distribution Form**)
3. Attach **Hospitality Form** to submit with payment requests or with PCard reports. Please reference the campus hospitality policy: https://csueastbay.policystat.com/policy/14623129/latest

*NOTE: Do NOT use this for research incentive payments. Please follow the guidance for research incentive payments here: https://www.csueastbay.edu/orsp/files/docs/policy/orsp-research-incentives-guidance.pdf

Principal Investigator's Name: _____

Project Name: _____

Brief Project Description: _____

_____

_____

_____

Item Description & Business Purpose: _____

_____

_____

Number of Items & Value of Each _____

_____

_____

Eligibility Description: _____

_____

_____

_____

PI Approval: _____ ORSP Approval: _____ VP Approval: _____

(Div. VP to approve in advance if over $25 each).

Chartfield String for associated charges: _____

If applicable, is an approved IRB protocol on file for these awards/prizes? ___ Yes __

IRB No. (if applicable): _____