CAL STATE EAST BAY

Office of Research and Sponsored Programs
Cash Equivalent Distribution Form

INSTRUCTIONS: Please ensure advance approvals for cash-equivalent purchases have been obtained. You may use the "Cash Equivelant Expenses Summary & Pre-Approval Form". If cash-equivalent value exceeds $25 per recipient, ORSP and Division VP approval is needed in advance. Please use this distribution form to document receipt. Attach a hospitality form to be completed and submitted 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: _____

Description/Purpose: _____

DATE	RECIPIENT NAME	VALUE	SIGNATURE
	Total:		