

Staff Senate Treasury Report FY18 - Month Ending August 2017

Revenue

Beginning Fund Balance as of 7/1/2017	6,609.27
OU Gear Sales	110.58
Staff Awards Fringe Refund	324.10
Staff Senate Support	3,750.00
Donation	49.74
Sales Tax-Prompt Pay Discount	0.00
	<u>0.00</u>
Total Revenue	10,843.69

Expenses

Staff Week Expenses	(408.00)
Tulsa Drillers	(2,925.00)
Staff Senate Meetings	(72.82)
Credit Card Fees	(3.75)
	<u>0.00</u>
Total Expenses	(3,409.57)

Ending Fund Balance

Total Funds for all accounts	7,434.12
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201 N. Elgin Ave.
Tulsa, OK 74120

Invoice

Date	Invoice #
6/23/2017	61479-17

Bill To
OU Tulsa- Staff Senate
Tracy Kennedy
4502 E 41st St Ste 3B06
Tulsa, OK 74135

Due Date	Rep	Account #
6/23/2017	JG	166317

Description	Amount
6/13/17 OU Tulsa Night at Drillers 195 Guests @ \$15ea <i>ADT995/Agenc/00031/00000/630450</i>	2,925.00

Balance Due Upon Receipt

Invoice Total	\$2,925.00
Payments/Credits	\$0.00
Balance Due	\$2,925.00

Thank You!!! Please use Account # on remittance

We accept checks, Visa, MC & Discover. Please make checks payable to: Tulsa Drillers

The University of Oklahoma Health Sciences Center
 Accounts Payable
 Voucher Register

Report Page No.: 1
 Run Date: 26-JUL-2017
 Run Time: 10:20:04

Voucher ID: 02211346
 Contact Name: Luong, Khanh
 PO Ref:
 Voucher Comments:

PO Date: PO Due Date:

PO Header Comments:

VOUCHER HEADER INFORMATION

Gross Amt Invoice ID Invoice Dt Operator Entered Dt Vendor ID Vendor Name
 2,925.00 6147917 23-JUN-2017 KLUONG1 26-JUL-2017 9100018734 TULSA DRILLERS
Address 1 Address 2 City State Zip Assignee Vendor Name
 201 N ELGIN AVE TULSA OK 74120-1434

VOUCHER LINE INFORMATION

Inv. Line PO Line# Description Unit Price Extended Amt Amount Only
 1 0 Drillers Tickets 0.00 2,925.00 N

DISTRIBUTION INFORMATION

Dist. Account Account Description Budget Date Fund Dept Prog Class Project ID Merch Amt
 1 630450 SPLY OTH-EXHIB, SHOWS & EVENTS 26-JUL-2017 AGENC ADT995 00031 00000 2,925.00

For reimbursements subject to University policy on approval of personal financial transactions for faculty, staff and student employees, please complete the following certification.

I certify that I am of greater level of institutional authority and completely independent from the individual being reimbursed.

Approval Signature _____ Title
 Voucher Page No. 1 of 1



"Healthy made Delicious"

Bill & Ruth's at OU
4502 E 41st. St
Tulsa, OK, 74135
nazih-agma@ouhsc.edu
Phone # (918)660-3125
Vendor ID # 9100015975
Tax ID # 73-1496396

*Staff Senate
Monthly Meeting 7.13.17
attended: 17*

INVOICE

Date: 7/18/2017
Order Date: 7/13/2017
INVOICE # 7344

TO

Brittany Cole
2C07

(918) 660-3195

Memo:

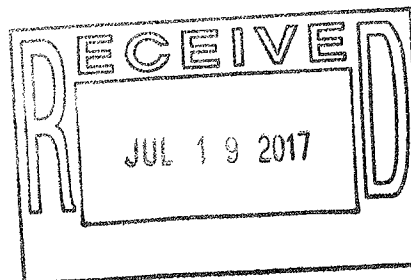
Description	Qty.	Unit Price	Line Total
Airpot of coffee	1	\$9.00	\$9.00
Subtotal			\$9.00
Tax			\$0.00
Total			\$9.00
Balance Due			\$9.00

Thank you for your business!

Please provide a copy of the billed invoice along with payment

Please make all checks payable to **Bill & Ruth's @ OU** with the total amount due by:

8/18/2017





"Healthy made Delicious"

Bill & Ruth's at OU
 4502 E 41st. St
 Tulsa, OK, 74135
 nazih-agma@ouhsc.edu
 Phone # (918)660-3125
 Vendor ID # 9100015975
 Tax ID # 73-1496396

*Staff Service
 Monthly Meeting - 5/11/17
 Attendees = 16*

INVOICE

Date: 5/11/2017
Order Date: 5/11/2017
INVOICE # 7238

TO

Brittany Cole
 2C07

(918) 660-3195

Memo:

Description	Qty.	Unit Price	Line Total
Airpot of coffee	1	\$9.00	\$9.00
Subtotal			\$9.00
Tax			\$0.00
Total			\$9.00
Balance Due			\$9.00

Thank you for your business!

Please provide a copy of the billed invoice along with payment

Please make all checks payable to **Bill & Ruth's @ OU** with the total amount due by:

6/11/2017



Cost Transfer Attachments

Journal ID CT30920708 Transaction Date 08/11/2017

Distribution Status None Status Pending Draft

Payroll Department CMT050 Submit for Approval

Justification FY18 CMT STAFF SENATE FUNDING

Optional Email

Copy Journal ID CT30011081 Copy Clear

Personalize Find View All First

Account	Fund	Dept	Program	Class	Project	Amount	Ref	Descr	Empl ID
1 111701	CLNOP	CMT010	00014	00000		-2500.00	TAF-18-057	FY18 CMT STAFF SENATE FUNDING	
2 992100	CLNOP	CMT010	00014	00000		2500.00	TAF-18-057	FY18 CMT STAFF SENATE FUNDING	
3 111701	AGENC	ADT995	00031	00000		2500.00	TAF-18-057	FY18 CMT STAFF SENATE FUNDING	
4 993100	AGENC	ADT995	00031	00000		-2500.00	TAF-18-057	FY18 CMT STAFF SENATE FUNDING	
Debit Amount		5000.00	Credit Amount			-5000.00			

Save Notify

Add

Cost Transfer | Attachments



REMIT TO:
 Attn: Accounts Receivable
 200 West Choctaw
 Tahlequah, OK 74464

Invoice	
Number	
20295	
Date	
27-JUN-17	
Reference	

Attn: Accounts Payable
 OU STAFF SENATE
 4502 E 41ST ST
 TULSA OK 74135

TERMS	DUE DATE	DEPARTMENT	CUSTOMER NUMBER
30 NET	27-JUL-17		1322

INVOICE	QTY	UNIT PRICE	EXT AMT
1 06/08/2017,Card 400005120626,Store 15,Ticket 6836	1	20.15	20.15
	TOTAL		20.15

NOTES

14 attendees

Please reference our invoice number on the check.

REASOR'S
 200 West Choctaw Tahlequah, OK 74464 918-456-1472 www.reasors.com



"Healthy made Delicious"

Bill & Ruth's at OU
4502 E 41st. St
Tulsa, OK, 74135
nazih-agma@ouhsc.edu
Phone # (918)660-3125
Vendor ID # 9100015975
Tax ID # 73-1496396

*Staff Service 8.10.2017
22 attendees*

INVOICE

Date: 8/10/2017
Order Date: 8/10/2017
INVOICE # 7377

TO

Brittany Cole
2C07

(918) 660-3195

Memo:

Description	Qty.	Unit Price	Line Total
Airpot of coffee	1	\$9.00	\$9.00
Subtotal			\$9.00
Tax			\$0.00
Total			\$9.00
Balance Due			\$9.00

Thank you for your business!

Please provide a copy of the billed invoice along with payment

Please make all checks payable to **Bill & Ruth's @ OU** with the total amount due by:

9/10/2017



The University of Oklahoma Health Sciences Center
 Accounts Payable
 Voucher Register

Report Page No.: 1
 Run Date: 31-JUL-2017
 Run Time: 14:06:51

Voucher ID: 02212712
 Contact Name: Luong, Khanh
 PO Ref:
 Voucher Comments:

PO Date: PO Due Date:

PO Header Comments:

VOUCHER HEADER INFORMATION

<u>Gross Amt</u>	<u>Invoice ID</u>	<u>Invoice Dt</u>	<u>Operator</u>	<u>Entered Dt</u>	<u>Vendor ID</u>	<u>Vendor Name</u>
20.15	20295	27-JUN-2017	KLUONG1	31-JUL-2017	9100029425	REASORS LLC
<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Assignee</u>	<u>Vendor Name</u>
200 W CHOCTAW ST		TAHLEQUAH	OK	74464-3808		

VOUCHER LINE INFORMATION

<u>Inv. Line</u>	<u>PO Line#</u>	<u>Description</u>	<u>Unit Price</u>	<u>Extended Amt</u>	<u>Amount Only</u>
1	0	SS Mtg 6/8/17	0.00	20.15	N

DISTRIBUTION INFORMATION

<u>Dist.</u>	<u>Account</u>	<u>Account Description</u>	<u>Budget Date</u>	<u>Fund</u>	<u>Dept</u>	<u>Proq</u>	<u>Class</u>	<u>Project ID</u>	<u>Merch Amt</u>
1	630400	SPLY OTH-REFRESHMENTS	31-JUL-2017	AGENC	ADT995	00031	00000		20.15

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I certify that I am of greater level of institutional authority and completely independent from the individual being reimbursed.

Approval Signature _____ Title

Favorites ▾ Main Menu ▾ > OUHSC Main Menu ▾ > Cost Transfers ▾ > Cost Transfer Entry

Home Worklist Add to Favorites Sign out



Cost Transfer Attachments

Journal ID CT30021080 Transaction Date 08/24/2017

Distribution Status None Status Department Approved Submit for Approval
 Payroll Department ADT001

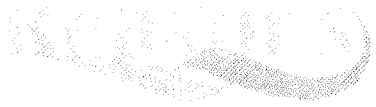
Justification Staff Senate Support FY18

Optional Email sarah-caldwell@ouhsc.edu

Account	Fund	Dept	Program	Class	Project	Amount	Ref	Person
1 111701	MISCA	ADT001	00014	00000		-1250.00		STAFF SENATE SUPPORT
2 992100	MISCA	ADT001	00014	00000		1250.00		STAFF SENATE SUPPORT
3 111701	AGENC	ADT995	00031	00000		1250.00		STAFF SENATE SUPPORT
4 993100	AGENC	ADT995	00031	00000		-1250.00		STAFF SENATE SUPPORT

Debit Amount 2500.00 Credit Amount -2500.00

Entered by KLUONG1 Entered on 08/24/2017



REMIT TO:
 Attn: Accounts Receivable
 200 West Choctaw
 Tahlequah, OK 74464

Invoice
Number
19470
Date
25-APR-17
Reference

Attn: Accounts Payable
 OU STAFF SENATE
 4502 E 41ST ST
 TULSA OK 74135

TERMS	DUE DATE	DEPARTMENT	CUSTOMER NUMBER
30 NET	25-MAY-17		1322

INVOICE	QTY	UNIT PRICE	EXT AMT
1 04/13/2017,Card 400005120626,Store 15,Ticket 3958	1	10.38	10.38
		TOTAL	10.38

NOTES

Please reference our invoice number on the check.

REASOR'S
 200 West Choctaw Tahlequah, OK 74464 918-456-1472 www.reasors.com

Report Summary

Count: 1
Total: 10.38

The University of Oklahoma Health Sciences Center
 Accounts Payable
 Voucher Register

Report Page No.: 1
 Run Date: 24-AUG-2017
 Run Time: 10:21:13

Voucher ID: 02220300
 Contact Name: Luong, Khanh
 PO Ref:
 Voucher Comments:

PO Date: PO Due Date:

PO Header Comments:

VOUCHER HEADER INFORMATION

<u>Gross Amt</u>	<u>Invoice ID</u>	<u>Invoice Dt</u>	<u>Operator</u>	<u>Entered Dt</u>	<u>Vendor ID</u>	<u>Vendor Name</u>
10.38 19470	25-APR-2017	24-AUG-2017	KLUONG1	24-AUG-2017	9100029425	REASORS LLC
<u>Address 1</u>	<u>Address 2</u>	<u>State</u>	<u>Zip</u>	<u>Assignee Vendor Name</u>		
200 W CHOCTAW ST		OK	74464-3808			

VOUCHER LINE INFORMATION

<u>Inv. Line</u>	<u>PO Line#</u>	<u>Description</u>	<u>Unit Price</u>	<u>Extended Amt</u>	<u>Amount Only</u>
1	0	SS Mtg 4/13/17	0.00	10.38	N

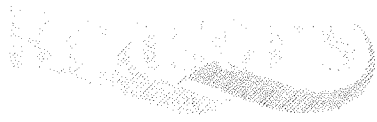
DISTRIBUTION INFORMATION

<u>Dist.</u>	<u>Account</u>	<u>Account Description</u>	<u>Budget Date</u>	<u>Fund</u>	<u>Dept</u>	<u>Prog</u>	<u>Class</u>	<u>Project ID</u>	<u>Merch Amt</u>
1	630400	SPLY OTH-REFRESHMENTS	24-AUG-2017	AGENC	ADT995	00031	00000		10.38

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Approval Signature _____ Title _____



REMIT TO:
 Attn: Accounts Receivable
 200 West Choctaw
 Tahlequah, OK 74464

Invoice	
Number	
20468	
Date	
25-JUL-17	
Reference	

Attn: Accounts Payable
 OU STAFF SENATE
 4502 E 41ST ST
 TULSA OK 74135

TERMS	DUE DATE	DEPARTMENT	CUSTOMER NUMBER
30 NET	24-AUG-17		1322

INVOICE	QTY	UNIT PRICE	EXT AMT
1 07/13/2017,Card 400005120626,Store 15,Ticket 2229	1	15.29	15.29
		TOTAL	15.29

NOTES

Please reference our invoice number on the check.

REASOR'S
 200 West Choctaw Tahlequah, OK 74464 918-456-1472 www.reasors.com

Report Summary

Count: 1
Total: 15.29

The University of Oklahoma Health Sciences Center
 Accounts Payable
 Voucher Register

Report Page No.: 1
 Run Date: 24-AUG-2017
 Run Time: 10:24:35

Voucher ID: 02220303
 Contact Name: Luong, Khanh
 PO Ref:
 Voucher Comments:

PO Date: PO Due Date:

PO Header Comments:

VOUCHER HEADER INFORMATION

Gross Amt 15.29 Invoice ID 20468
 Invoice Dt 25-JUL-2017 Operator KLUONGI Entered Dt 24-AUG-2017 Vendor ID 9100029425 Vendor Name REASORS LLC
 Address 1 200 W CHOCTAW ST Address 2 City TAHLEQUAH State OK Zip 74464-3808 Assignee Vendor Name

VOUCHER LINE INFORMATION

Inv. Line	PO Line#	Description	Unit Price	Extended Amt	Amount Only
1	0	SS Mtg 7/13/17	0.00	15.29	N

DISTRIBUTION INFORMATION

Dist.	Account	Account Description	Budget Date	Fund	Dept	Proq	Class	Project ID	Merch Amt
1	630400	SPLY OTH-REFRESHMENTS	24-AUG-2017	AGENC	ADT995	00031	00000		15.29

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 Voucher Page No. 1 of 1