Southeastern University

Business Practices

January 2023

Overview

SFnet/Finance Division

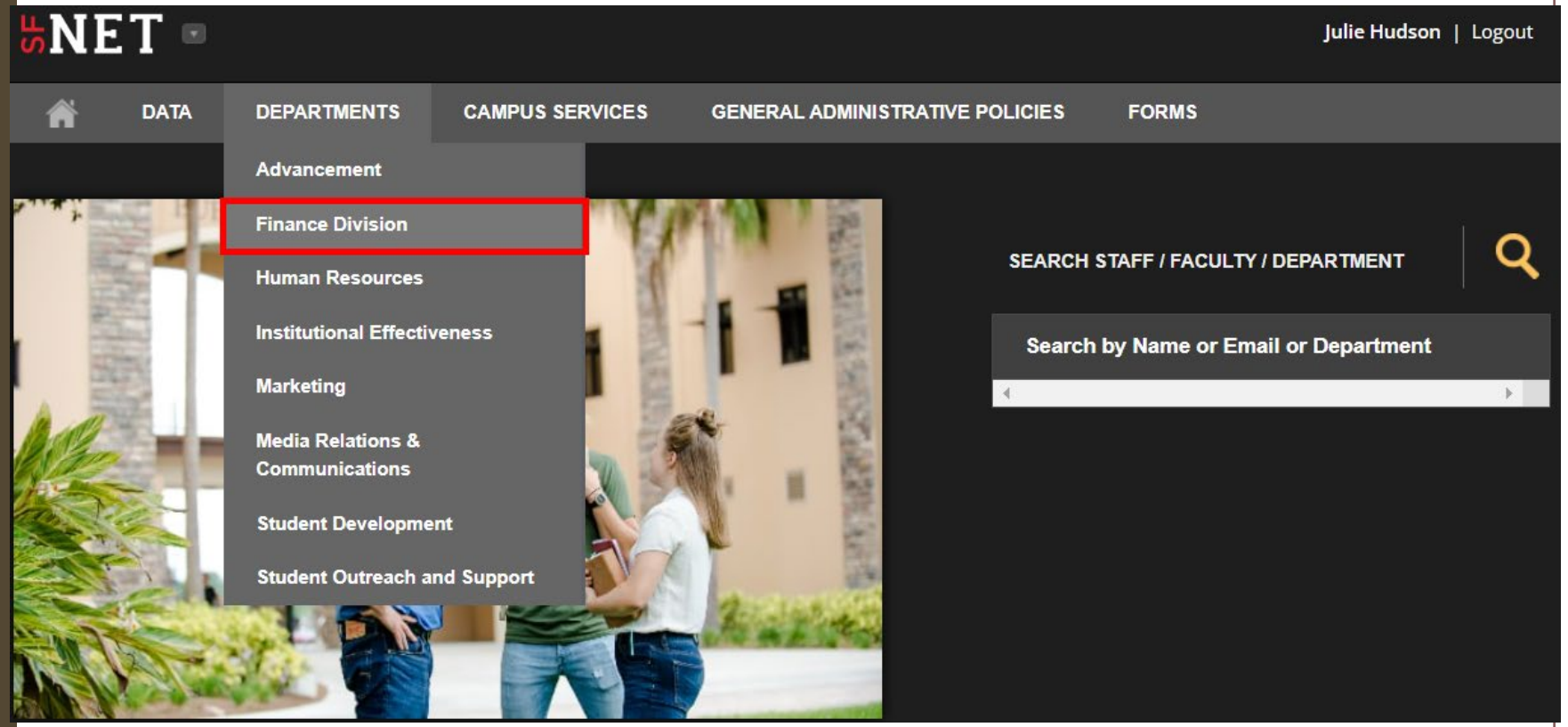
Accounting & Budget

Payroll

Procurement

Risk Management

General Information



CLICK HERE

SFnet

Go to SEU.onelogin.com

Select SFnet

Select Finance Division

Scroll through:

- Business Office Forms
- Policies

Accounting & Budget

- Dates & Deadlines
- General Ledger Account Codes
- Most Commonly Used GLs
- JICS Finances Tab
- Budget
- Budget Adjustments
- Journal Entries
- Budget Training

Dates & Deadlines

Fiscal Year
June 1 through May 31

Month End
Posts on the 10th

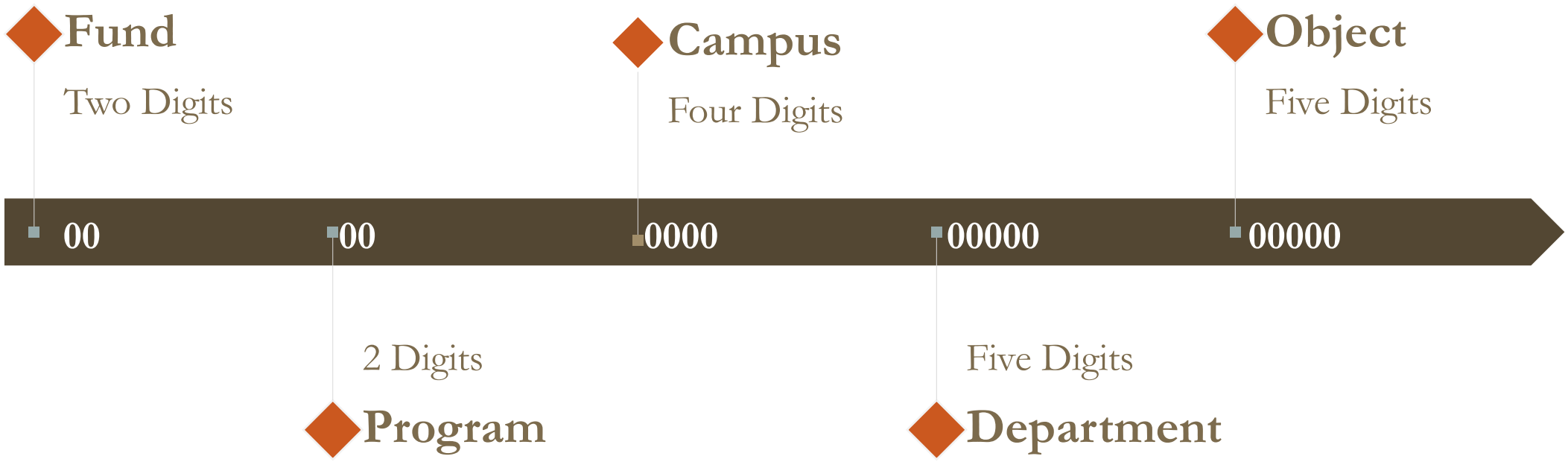
Fiscal Year-End
Closing Process

CLICK HERE

Divvy Card Charges
Completed 5 Days
Reviewed 7 Days

AMEX/Concur Reports
Due 4th
Approved 7th

GL Account Code Elements



General Ledger (GL)
Most Commonly Used - Object Codes

OBJECT CODE	DESCRIPTION
66480	ACCREDITATION COSTS
62400	BLDG MAINT: SUPPLIES-PARTS-REPAIRS
65120	CELLULAR COMMUNICATIONS
56700	CONTINUING EDUCATION
61380	CONTRACT WAGES
63190	COVID-19
63110	DUPLICATING - PHOTOCOPYING
66120	EMPLOYEE RECOGNITION
62600	EQUIP MAINT: SUPPLIES-PARTS-REPAIRS
66730	EQUIPMENT RENTAL
66740	FACILIITIES RENTAL EXPENSE
64700	HOMECOMING EXPENSES
61340	HONORARIUM
66180	HOSPITALITY - DEPARTMENTAL
63180	HURRICANE PREP / RECOVERY EXPENSES
66152	LEADERSHIP TEAM DEVELOPMENT
62200	MAINT/SUPPLIES/PARTS/REPAIRS
62300	MAINT/SUPPLIES/PARTS/REPAIRS - CONTRA

OBJECT CODE	DESCRIPTION
66100	MEALS & ENTERTAINMENT & HOSPITALITY
67900	MEETING - CONFERENCE REGISTRATION FEES
66430	MEMBERSHIPS
61510	MINOR EQUIPMENT
61520	MINOR FURNITURE
66900	MISCELLANEOUS EXPENSE
66420	OFFICE SUBSCRIPTIONS & BOOKS
67600	PCARD EXPENSES (FRAUD)
66440	PERMIT MAIL POSTAGE - FEES
65110	POSTAGE
63100	PRINTING
53500	PROFESSIONAL DEVELOPMENT
64510	PROMOTIONAL AWARDS
66200	SEMINARS / ACTIVITIES EXPENSES
61400	SERVICE CONTRACTS
61210	SOFTWARE
61100	SUPPLIES - OFFICE
67300	TRAVEL - DEPARTMENTAL

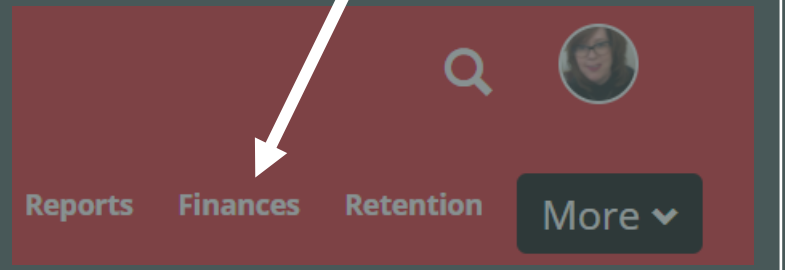
JICS
Finances
jics.seu.edu

Where do I find my budget?

JICS Finances

jics.seu.edu

Do you have the Finance tab? Yes? Proceed!



No?

(1) Request Finance Tab

Email Help Desk, helpdesk@seu.edu

(2) Request Budget Access & Workflow Configuration

Email Maribel Cruz, mcruz@seu.edu

JICS Finances

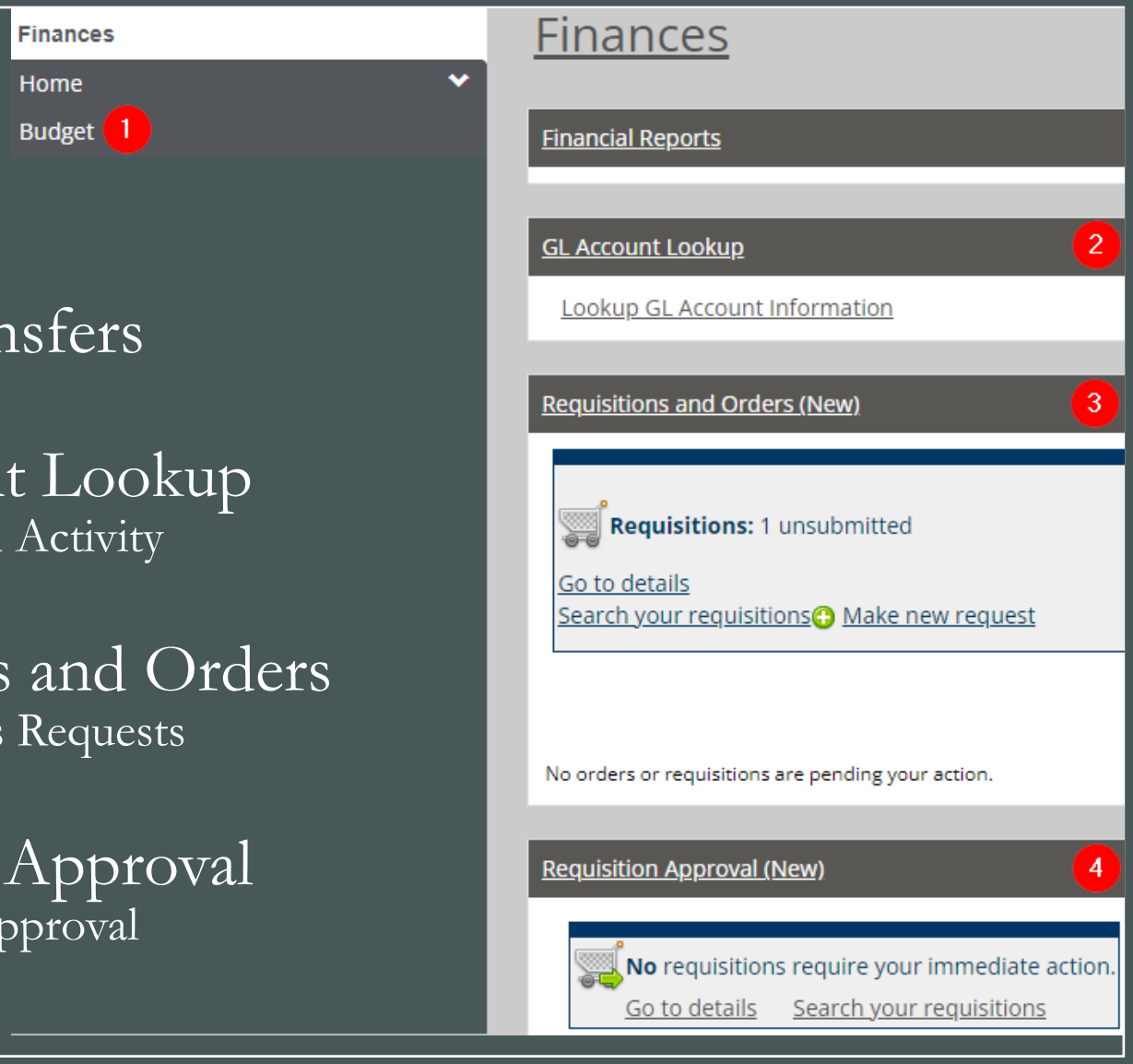
jics.seu.edu

1) Budget Transfers

2) GL Account Lookup
Budget & Spend Activity

3) Requisitions and Orders
New & Previous Requests

4) Requisition Approval
Pending Your Approval



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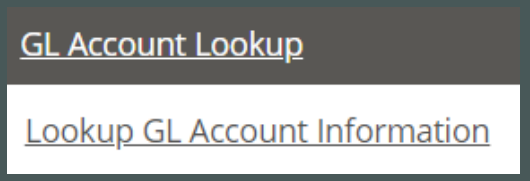
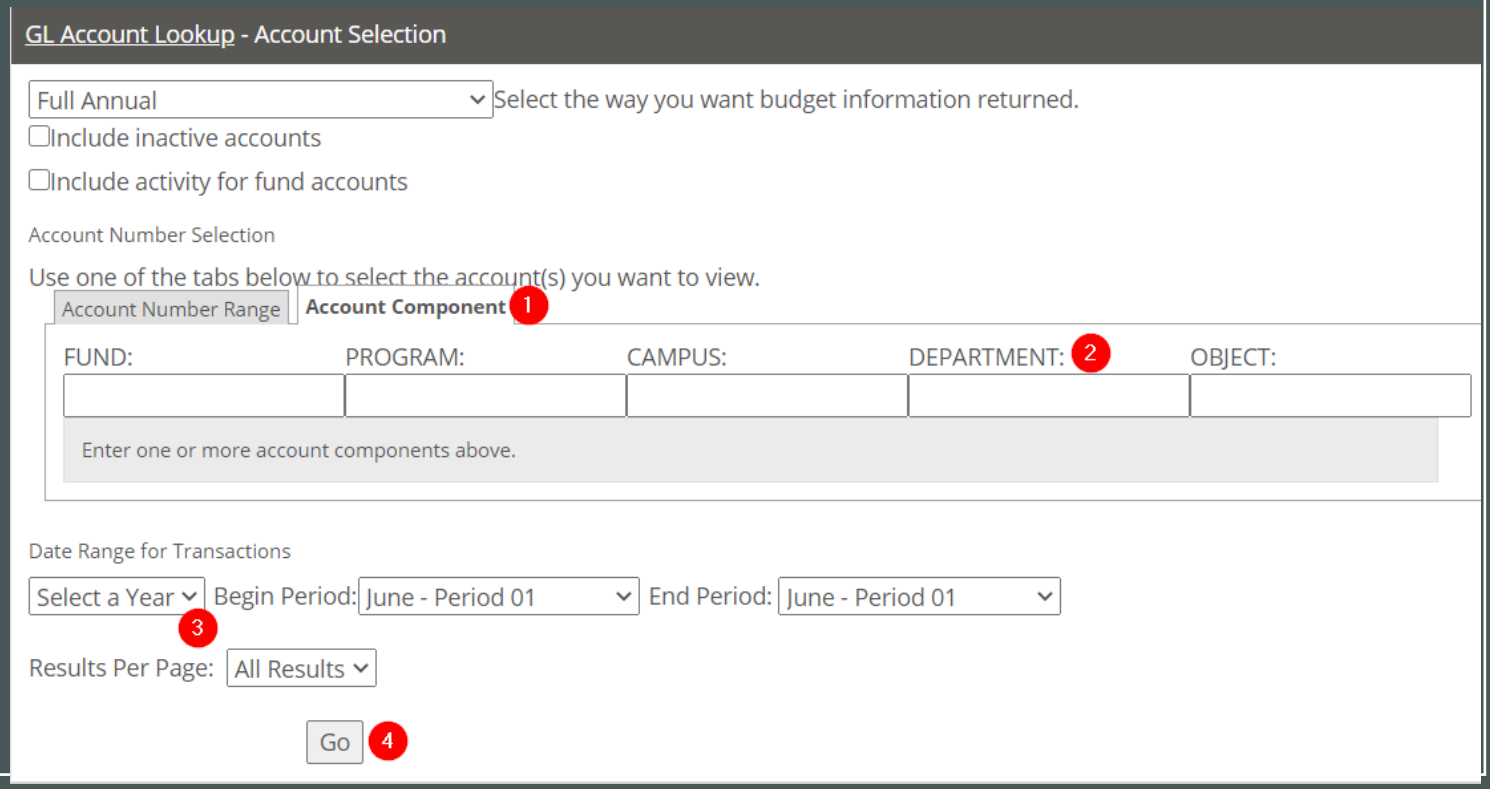
mcruz@seu.edu
(863) 667-5929

JICS Budget

jics.seu.edu

Finding Your Budget & Spend Activity





Maribel Cruz
mcruz@seu.edu
(863) 667-5929

Budget Sample

Finances

GL Account Lookup - Account Summary

6/1/2020 Thru 5/31/2021

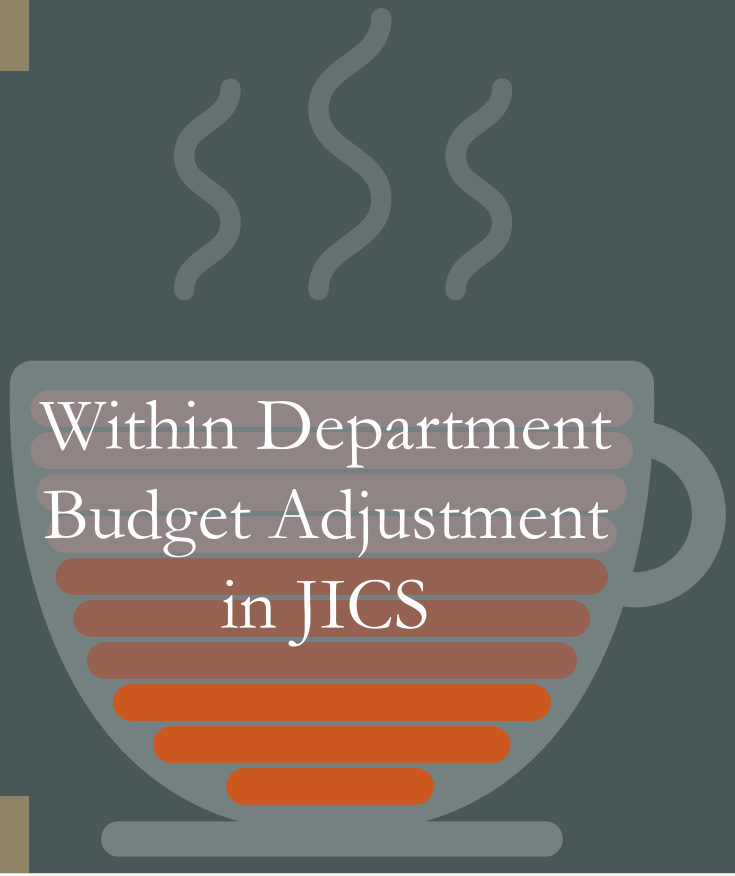
Account Number	Description	Beginning Balance	Unposted Balance	Posted Balance	Encumbrance	Ending Balance	Other Accounts Against Budget	Total Annual Budget	Over/Under Budget
10 00 0000 6410051100	SALARIES & WAGES - EXECUTIVE								
10 00 0000 6410051200	SALARIES & WAGES - PROFESSIONAL								
10 00 0000 6410051300	SALARIES & WAGES - TECHNICAL								
10 00 0000 6410051400	SALARIES & WAGES - CLERICAL								
10 00 0000 6410051500	SALARIES & WAGES - SEU STUDENTS								
10 00 0000 6410051600	SALARIES & WAGES - CWS STUDENTS								
10 00 0000 6410053100	SALARIES & WAGES - HOUSING								
10 00 0000 6410055100	FICA & MEDICARE TAX - EMPLOYER SHARE								
10 00 0000 6410055200	INSURANCE - WORKER'S COMPENSATION								
10 00 0000 6410055300	UNEMPLOYMENT TAX - FEDERAL & STATE								
10 00 0000 6410056100	RETIREMENT - EMPLOYER CONTRIBUTION								
10 00 0000 6410056200	INSURANCE - HEALTH								
10 00 0000 6410056400	INSURANCE - LIFE								
10 00 0000 6410056500	MEALS FURNISHED								
10 00 0000 6410056700	CONTINUING EDUCATION								
10 00 0000 6410061100	SUPPLIES - OFFICE								

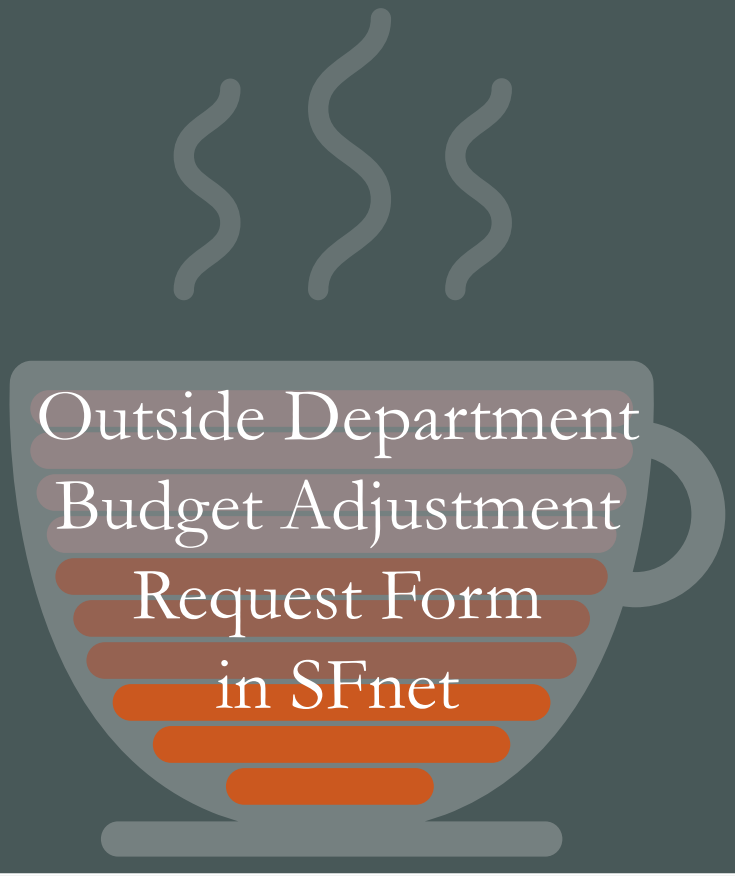
P-Card Transactions post approximately on the 10th

JICS Finances

jics.seu.edu

How do I adjust my budget?





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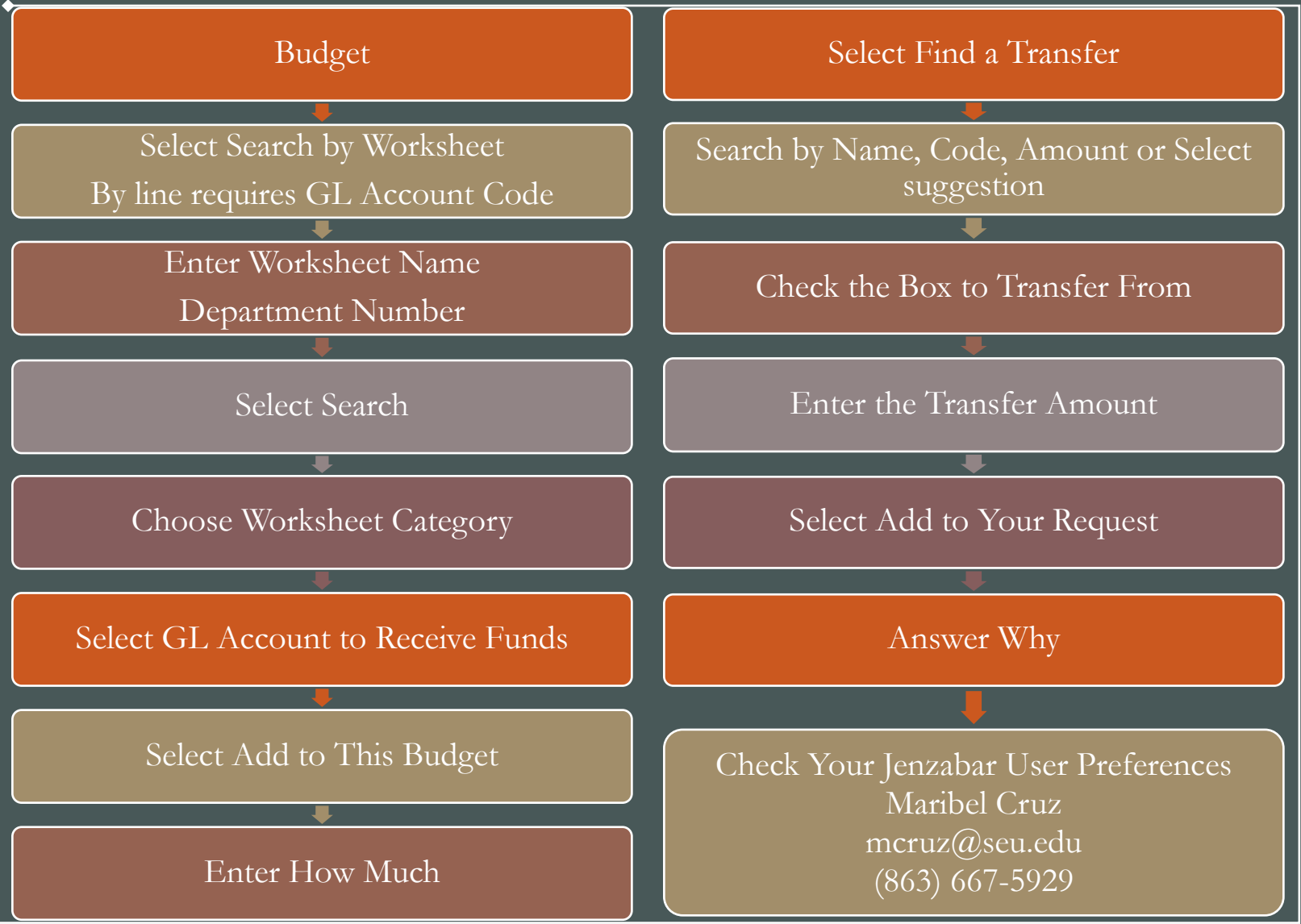
JICS Budget

jics.seu.edu

Budget Adjustment Transfers Within Department



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mcruz@seu.edu
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Budget Adjustment Request Form

Purpose: transfer budget dollars between departments with Fund 10 Operating Budget accounts only

Fund 12, Restricted Funds, adjustments are submitted using the Restricted Funds Transfer Form

Use JICS to adjust budgets between object codes within the same department

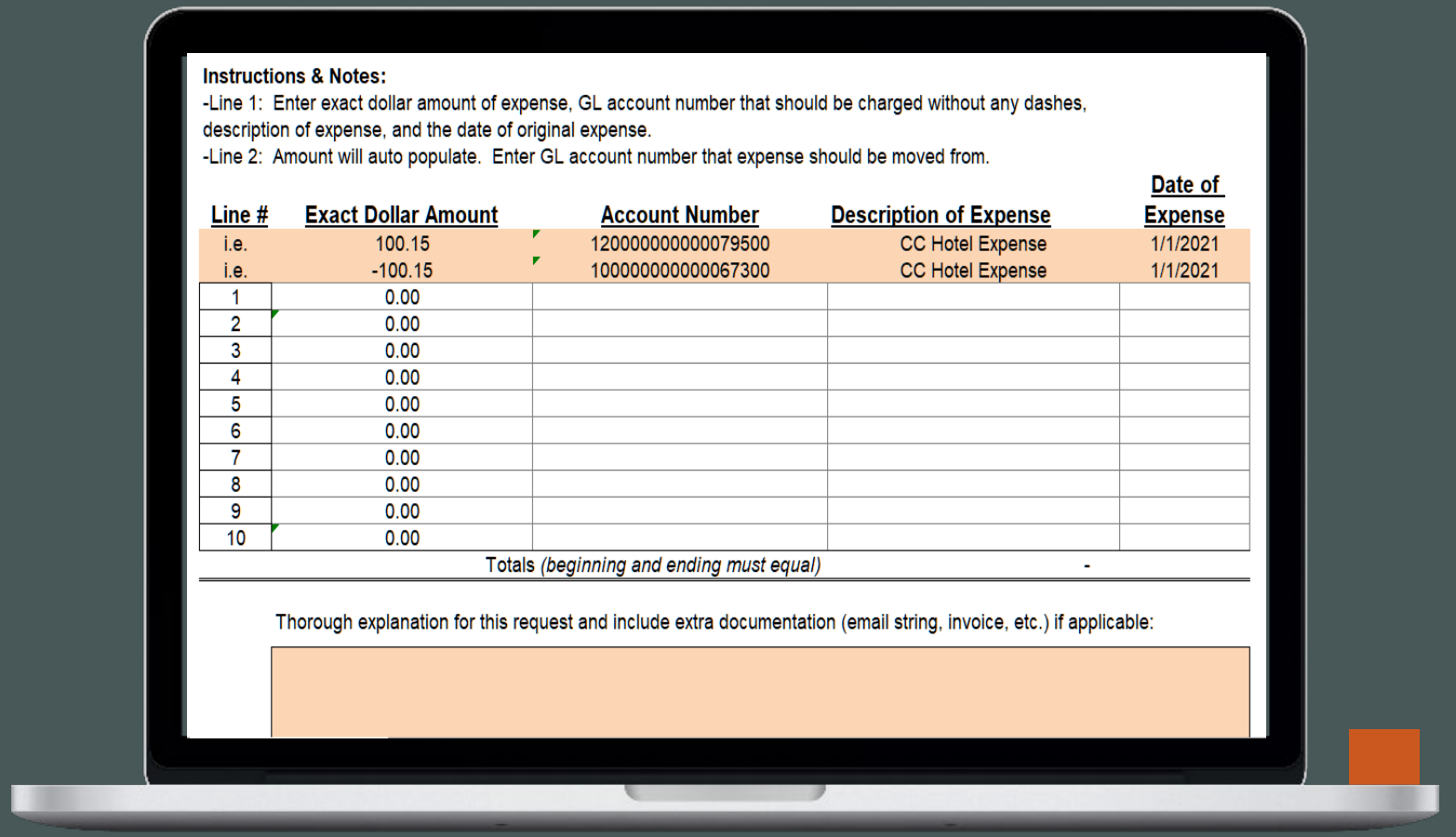
Leadership Team signatures required for transferring money between divisions

Line #	Account Number	Account Title	Current Budget	Increase (Decrease)	Revised Budget
i.e.	10-XX-XXXX-XXXX1-66100	Hospitality	1,200	(200)	1,000
i.e.	10-XX-XXXX-XXXX2-61100	Supplies	200	200	400

JICS Finances

jics.seu.edu

What is a Journal Entry Form?



Instructions & Notes:

-Line 1: Enter exact dollar amount of expense, GL account number that should be charged without any dashes, description of expense, and the date of original expense.

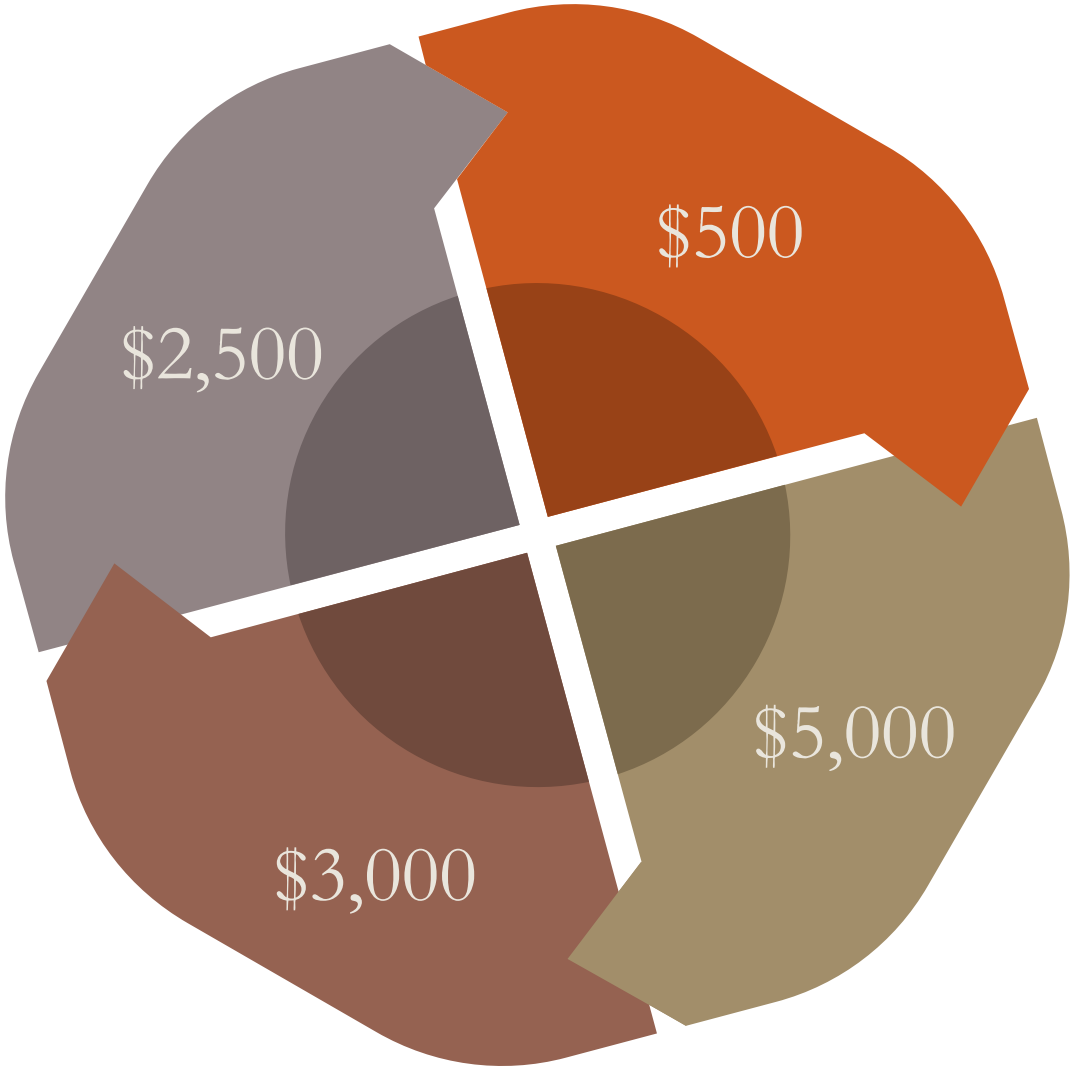
-Line 2: Amount will auto populate. Enter GL account number that expense should be moved from.

Line #	Exact Dollar Amount	Account Number	Description of Expense	Date of Expense
i.e.	100.15	120000000000079500	CC Hotel Expense	1/1/2021
i.e.	-100.15	100000000000067300	CC Hotel Expense	1/1/2021
1	0.00			
2	0.00			
3	0.00			
4	0.00			
5	0.00			
6	0.00			
7	0.00			
8	0.00			
9	0.00			
10	0.00			
	Totals *(beginning and ending must equal)*			-

Thorough explanation for this request and include extra documentation (email string, invoice, etc.) if applicable:

Purpose:
Move an actual expense from one GL Account Code to another

Maribel Cruz
mcruz@seu.edu
(863) 667-5929



Budget & General Ledger Training

Maribel Cruz
mcruz@seu.edu
(863) 667-5929

Payroll

- Time Manager
- Most Commonly Used Object Codes

Payroll
Time Manager

Access UltiPro Time Manager Training

1) Log in to UltiPro
2) Select the Home Page SOUTHEASTERN UNIVERSITY Home
3) Choose "Time Manager Training"

Important Information

1) Timesheet corrections & paid time approvals
   - Due on Wednesdays before noon
2) Payroll Calendar on UltiPro Home Page
   - Due on Wednesdays before noon
3) Visit the "My Team" tab 
   - Contact Geoff Ott in HR for missing personnel

Laura Waschek
lawaschek@seu.edu
(863) 667-5033

General Ledger (GL)
Most Commonly Used - Payroll Object Codes

OBJECT CODE	TITLE	DESCRIPTION
51100	EXECUTIVE	AN INDIVIDUAL ENGAGED IN MANAGEMENT OF A DIVISION AND/OR DEPARTMENT. THIS INCLUDES THE PRESIDENT, ALL VICE PRESIDENTS, AND ALL DIRECTORS.
51200	PROFESSIONAL	SALARY EMPLOYEE THAT DOES NOT FALL UNDER 51100
51300	TECHNICAL	SECURITY, FACILITIES & HOUSEKEEPING
51400	CLERICAL	HOURLY EMPLOYEE
51500	SEU STUDENTS	STUDENT WORKER
51600	CWS STUDENTS	STUDENT WORKER - FEDERAL WORK STUDY
51700	GRADUATE ASSISTANT	GRADUATE ASSISTANT
52100	INSTRUCTIONAL	FULL TIME FACULTY
52200	ADJUNCT	PART TIME FACULTY
52205	OVERLOAD	FACULTY OVERLOAD
52210	ADJUNCT ONLINE	PART TIME FACULTY - ONLINE CLASSES
52240	STIPEND	STIPEND PAYMENTS
52250	COURSE DEVELOPMENT	COURSE DEVELOPMENT

Procurement

- Documenting Transactions
- Procurement Methods
  - Procurement Card
  - Check Request
  - Purchase Requisitions & Purchase Orders
  - EARV
- SEU Business Accounts
  - Amazon
  - Office Depot
  - Rental Cars
  - Sam's Club
- Vendor Management
- Workflow

Documenting Transactions & Identifying the Business Purpose

Who

are the participants?
initiated the transaction?
are the affected individuals or departments?

What

is the transaction for?
is the business purpose?

Ensure transaction justification & supporting documentation include complete & transparent information.

When

did/will the activity take place (if applicable)?

Where

did/will the activity take place (if applicable)?

Why

is the transaction being completed and how does the transaction relate to or benefit SEU?

Identifying the Business Purpose

Ensure transaction justification & supporting documentation include complete & transparent information

Who

15 Attendees of the SEU Accounting Department (list attendees by name)

What

Pizza & drinks from All-Star Pizza

Where

Addison Conference Room

When

February 01, 2023

Why

Met to finalize the 2023-2024 Fiscal Year budget

Fringe Benefits

"perks"

Cash Equivalents
Gift Card
Cash
All Amounts

"de minimis" 132(a)(4)
too small or insignificant to be of importance.
Value & Frequency

Other
Property
Services (Gym)
Single Transaction
Exceeding $100

Procurement Methods

PROCUREMENT CARD (P-CARD)

American Express

Divvy

No $$$ Restriction

Assets Pre-Approved

CHECK REQUEST

>$100

Non-Recurring

Membership

Dues

PURCHASE ORDER

>$100

Recurring & Non-Recurring Purchases

Tangible Goods

Contract-Related

EXPENSE ADVANCE & REIMBURSEMENT VOUCHER

<$100 Cash

>$101 Check

Emergency Purchases

Original Receipt

P-Card

1) Free Platform
2) Real-Time Transaction Visibility
3) Immediate Receipt Capture
4) Instant Expense Allocation
5) Custom Spending Profiles
6) No Expense Reports
7) P-Card Guide
8) P-Card Divvy Compliance
9) Annual Quiz
10) Overdue Transactions
    1) Complete in 5 Calendar Days
    2) Review in 7 Calendar Days

Graham Light
pcardadmin@seu.edu
(863) 667-5247

Check Request

>$100

Two Weeks Notice

Paid Net 30
Date of Invoice

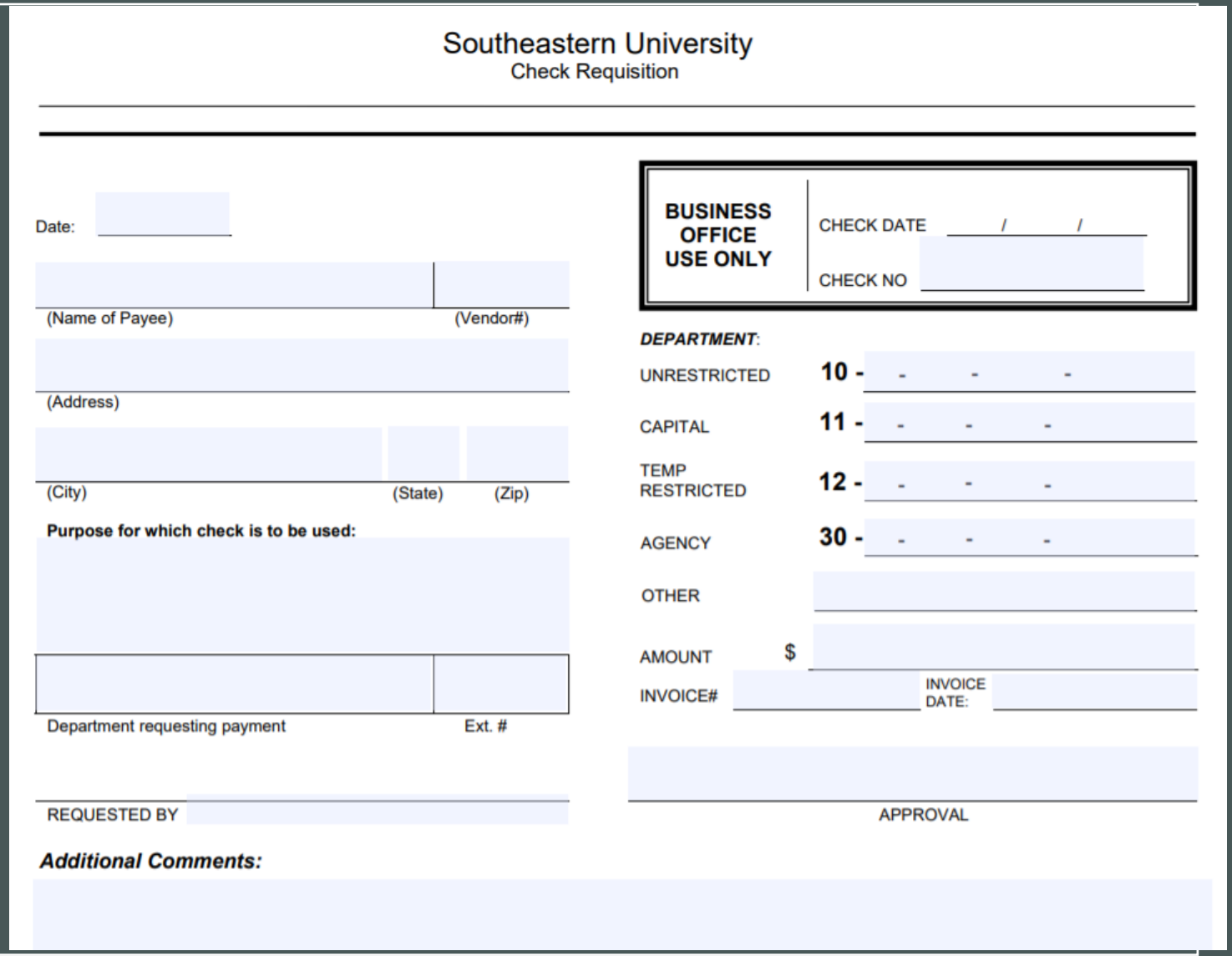
One Invoice per Check Request
One Check Request per Email

Tax Exempt Status Enforced

ACH vs Check
ACH 24 Hours
Check 10 Days

Check Request

1) Template: SFnet
2) Attach invoice
3) Attach W-9 if applicable
4) One invoice per check request
5) One check request per email
6) Email ap@seu.edu
7) Subject line: Check Request



Southeastern University
Check Requisition

Date:

(Name of Payee) (Vendor#)

(Address)

(City) (State) (Zip)

Purpose for which check is to be used:

Department requesting payment Ext. #

REQUESTED BY

Additional Comments:

BUSINESS OFFICE USE ONLY

CHECK DATE / /

CHECK NO

DEPARTMENT:

UNRESTRICTED **10 -** - - -

CAPITAL **11 -** - - -

TEMP RESTRICTED **12 -** - - -

AGENCY **30 -** - - -

OTHER

AMOUNT $

INVOICE# INVOICE DATE:

APPROVAL

Maribel Cruz
mcruz@seu.edu
(863) 667-5929

Check Request
Multiple GL Accounts

Southeastern University
Check Requisition

Date: 7/15/2021

BUSINESS OFFICE USE ONLY	Check Date	
	Check No.	

iiX - Insurance Information Exhange	774006
(Name of Payee)	(Vendor #)

(Address)

(City) (State) (Zip)

Purpose of check:

GL Code:	Prog	Loc	Dept	Object
Unrestricted 10 -	SEE BELOW			
Capital 11 -				
Temp restricted 12 -				
Agency 30 -				

Additional Comments:

	SEU ID #		Amount	Fund	Program	Location	Department	Object
1	948006	$	10.56	10	00	0000	61210	61400
2	1086787	$	10.56	10	69	0000	52421	61400
3	140505	$	10.56	10	69	0000	52403	61400
4	744111	$	10.56	10	00	0000	54250	61400
5	001090359	$	10.56	10	69	0000	52421	61400
6	001066728	$	10.56	10	00	0000	52000	61400
7	7304	$	10.56	10	00	0000	66100	61400
8	904259	$	10.56	10	62	0000	51200	61400
9	873223	$	10.56	10	00	0000	61500	61400
10	899110	$	10.56	10	32	0000	32000	61400
11	631301	$	10.56	10	00	0000	54000	61400
12	N/A	$	10.56	10	00	0000	61500	61400
		$	126.70					

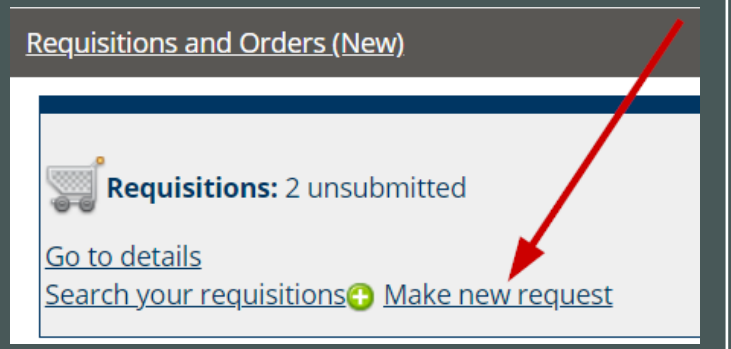
Purchase Requisition

- >$100
- Tax Exempt Status Enforced
- Funds Reserve Immediately
- Terms & Conditions Agreed Upon
- Multiple Invoices per Purchase Order
- Contract-Related Tangible Goods

Purchase Requisition

jics.seu.edu

1) Log into jics.seu.edu
2) Select Finances
3) Choose Make New Request
4) Requisition Converts to Purchase Order (PO)
5) One Vendor per Requisition (PO)
6) Supporting Documentation
   - Quote to enter requisition
   - Invoice to enter requisition and process payment
   - Contract, if applicable



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mcruz@seu.edu
(863) 667-5929

Purchase Requisition

Requisitions and Orders (New)

Cancel, go back — New Requisition has 0 items $0.00 — Checkout

Request date 8/2/2021 * The Request date determines the budget to be used for this request and the projects available.
To request items using another budget period or other projects, you must enter a new request.

Budget year Jun 2021 - May 2022 (Board Approved)

1 **Enter the item**

Item *

Quantity 0 * Price $ 0.00 * Total $ 0.00

Shipment container (box, case, etc.) Catalog #

2 **Charge to** Search for account

Budget account *

Project code

3 **More details about the item**

Detailed description

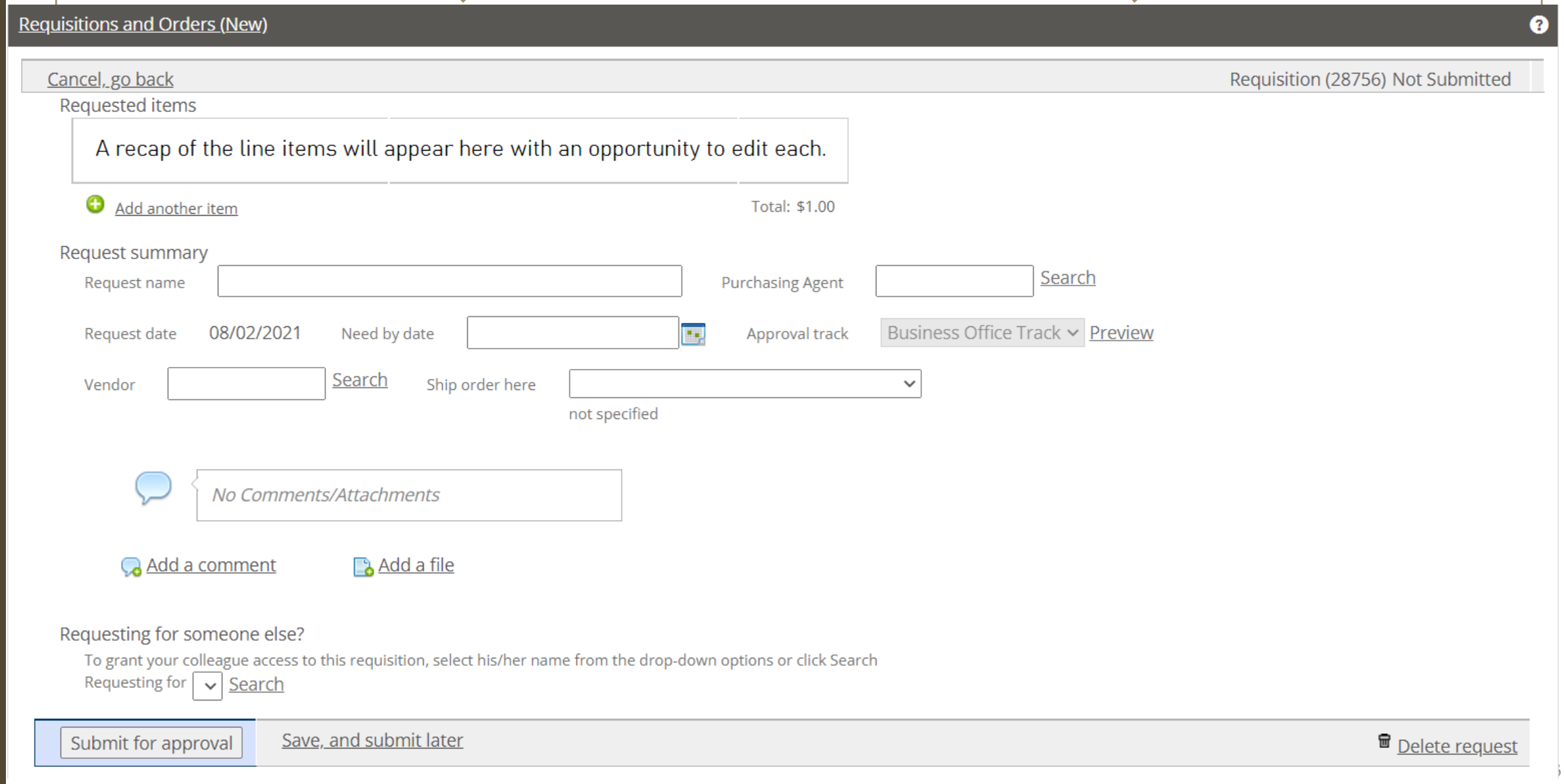
Add supporting documentation

* Required, please fill these out.

4 Done, proceed to checkout

Save, add another

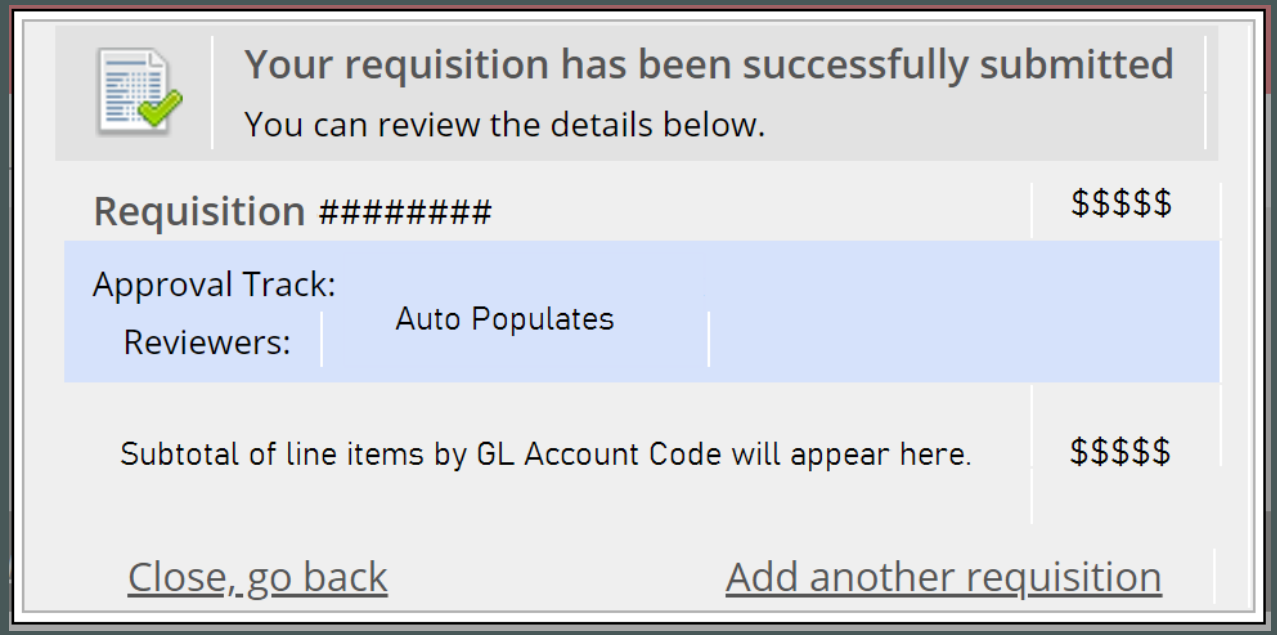
Purchase Requisition



Purchase Requisition

jics.seu.edu

1) Approval Track
2) Email Approvers
3) Search Requisitions
4) Download Purchase Order
5) Submit Signed Purchase Order & Invoice to AP for Payment



Requisition Description	Amount	Vendor	Budget Status	Request Status	Under Review By	Track	PO Description	PO
Requisition (28756)	$1.00	City of Lakeland	All under budget	Not Submitted	No one		Not ordered	
Julie Ann Hudson (28677)	$1.00	Avon Leasing, Inc	All under budget	Approved (Is a PO)	Reviews complete		Julie Ann Hudson (25485)	
Julie Ann Hudson (28676)	$1.00	Wright Specialty Insurance Agency, LLC	All under budget	Approved (Is a PO)	Reviews complete		Julie Ann Hudson (25489)	
Julie Ann Hudson (28675)	$1.00	Audi Financial Services	All under budget	Approved (Is a PO)	Reviews complete		Julie Ann Hudson (25483)	

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mcruz@seu.edu
(863) 667-5929

P-CARD	CHECK REQUEST	PURCHASE ORDER
Immediate Approval	Approval 5-7 Days	Approval 3-5 Days
Tax Exempt Status Not Enforced	Tax Exempt Status Enforced	Tax Exempt Status Enforced
Funds Do Not Immediately Reserve	Funds Do Not Immediately Reserve	Funds Are Immediately Reserved
Funds Reserve - Month Closes	Funds Reserve 30-60 Days - Payment	Funds Reserve 3-5 Days - PO issued
One Purchase per Transaction	One Invoice per Check Request	Multiple Invoices per Vendor P.O.
Allocate Purchase on Back-End	Allocate Purchase on Front-End	Allocate Purchase on Front-End
Assets Pre-Approved	No Restricted Use	No Restricted Use
Terms and Conditions are not consistently confirmed prior to delivery or services rendered	Terms and Conditions are agreed upon confirmed prior to delivery or services rendered; price, delivery expectations, and payment terms	Terms and Conditions are agreed upon and confirmed prior to delivery or services rendered; price, delivery expectations, and payment terms
Avoid Service Fees Not for Honorariums	Best for Honorariums & Contracts	Best for Tracking Project Expenses

Expense Advance & Reimbursement Voucher

<$100

- Petty Cash
- 1 Business Day to Approve
- 2 Business Days to Collect

>$101

- Check
- 1 Business Day to Approve
- 5 Business Days to Process

<$100 and >$100

- Tax-exempt status not enforced
- Funds do not immediately reserve
- May take up to 60 days to appear in budget
- Factor expense in budget

E.A.R.V.

1) SFnet
2) <$100 Petty Cash, 1 Day
3) >$100 Check
4) Original Receipt
5) Email cashier@seu.edu

Expense Advance/Reimbursement Voucher- 2023

Name: _____ Department: _____

Employee ID/Vendor #: _____

Date _____

Reason for reimbursement

_____ Due Date & Initials

_____

Date	Account	Description / Purpose	Amount
		Mileage reimbursement (enter number of total miles)	$ -

Mileage reimbursement is paid at $0.655 per mile

Mileage Subtotal	$ -
Less: Items Charged to SEU	
Petty Cash Advance	
Less: Unreimbursable expenses	
Net Amount to be Reimbursed	
Net Amount Due to SEU	

_____
Employee Print Name / Date

_____
Employee Signature

_____
Supervisor Print Name / Date

_____
Supervisor Signature

_____
Cashier Signature / Date

Cashier's Office
cashier@seu.edu
(863) 667-5186

E.A.R.V.

- Subject to policies and procedures stated in the Expense Advancement/Reimbursement Voucher Policy.
- Proper receipts and EARV form filing within 14 days of the receipt date.
- Maximum window of 30 days from the receipt date can be accepted but is subject to taxation or denial.
- IRS Publication 463: https://www.irs.gov/pub/irs-pdf/p463.pdf

Cashier's Office
cashier@seu.edu
(863) 667-5186

Amazon Prime Business Account

$15.00
Annual Processing Fee per Account

Business Pricing & Quantity Discounts & Bulk Order Tools

Business Prime
Free 2 Day Shipping
Prime Eligible Items

Tax-Exempt Guaranteed
@SEU.edu Business Purposes Only

P-Card

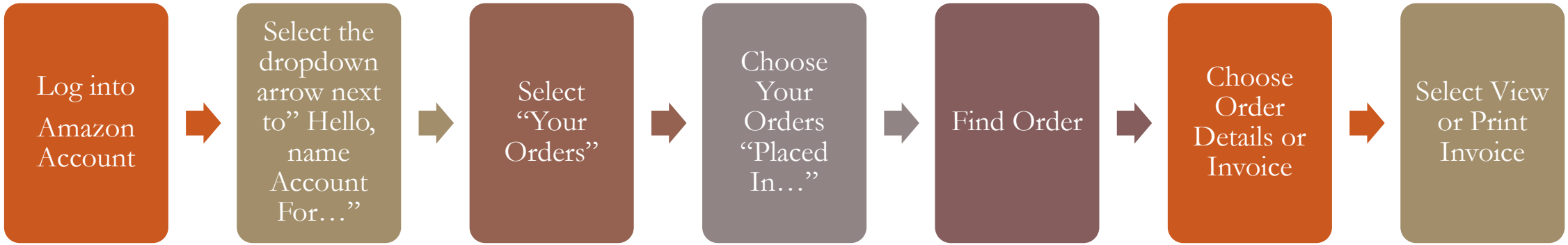
Download Invoice (Receipt)

9 Minute Video
https://screencast-o-matic.com/watch/cYVXDmvAjQ

Request Account Access
pcardadmin@seu.edu

Graham Light
pcardadmin@seu.edu
(863) 667-5247

Amazon Prime Download Invoice



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(863) 667-5247

Office Depot

@SEU.edu

Business Purposes Only

Business Pricing & Quantity Discounts & Bulk Order Tools

Tax-Exempt Guaranteed

P-Card

Request Account Access ap@seu.edu

Cindee Bailey
ap@seu.edu
(863) 667-5955

Enterprise & National

Contract ID XZ4285Q

Payment Method SEU P-Card

Named Insured: Southeastern University

Certificate of Insurance

Full Coverage Inlcuded; No Additional Insurance Required

Microsite Link

Rates & Rules

https://www.emeraldaisle.com/XZ4285Q

Emerald Club Link

www.nationalcar.com/enroll/XZ4285Q

Reservation Link

https://elink.enterprise.com/en/22/05/southeastern-university.html

Julie Ann Hudson
jahudson@seu.edu
(863) 667-5006

Sam's Club Business Account

$50.00 Annual Processing Fee Per Account

P-Card No Direct Billing

University-related Tax-Exempt

Personal Purchases Taxable

Application SFnet

Expires w/ Termination

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Vendor Management

New Vendor	Credit Application	Payment Process
Email ap@seu.edu completed W-9 (SFnet) Allow 5 business days Net 30	Email ap@seu.edu vendor credit application Allow five business days Net 30	Email ap@seu.edu Vendor # and contact name Paymerang (ACH) Reduce turnaround time

Risk Management

- Risk Management Office
- Claims
- Certificates of Insurance
- Drivers
- Special Events
- Waivers of Liability

What is Risk Management?

PROCESS OF

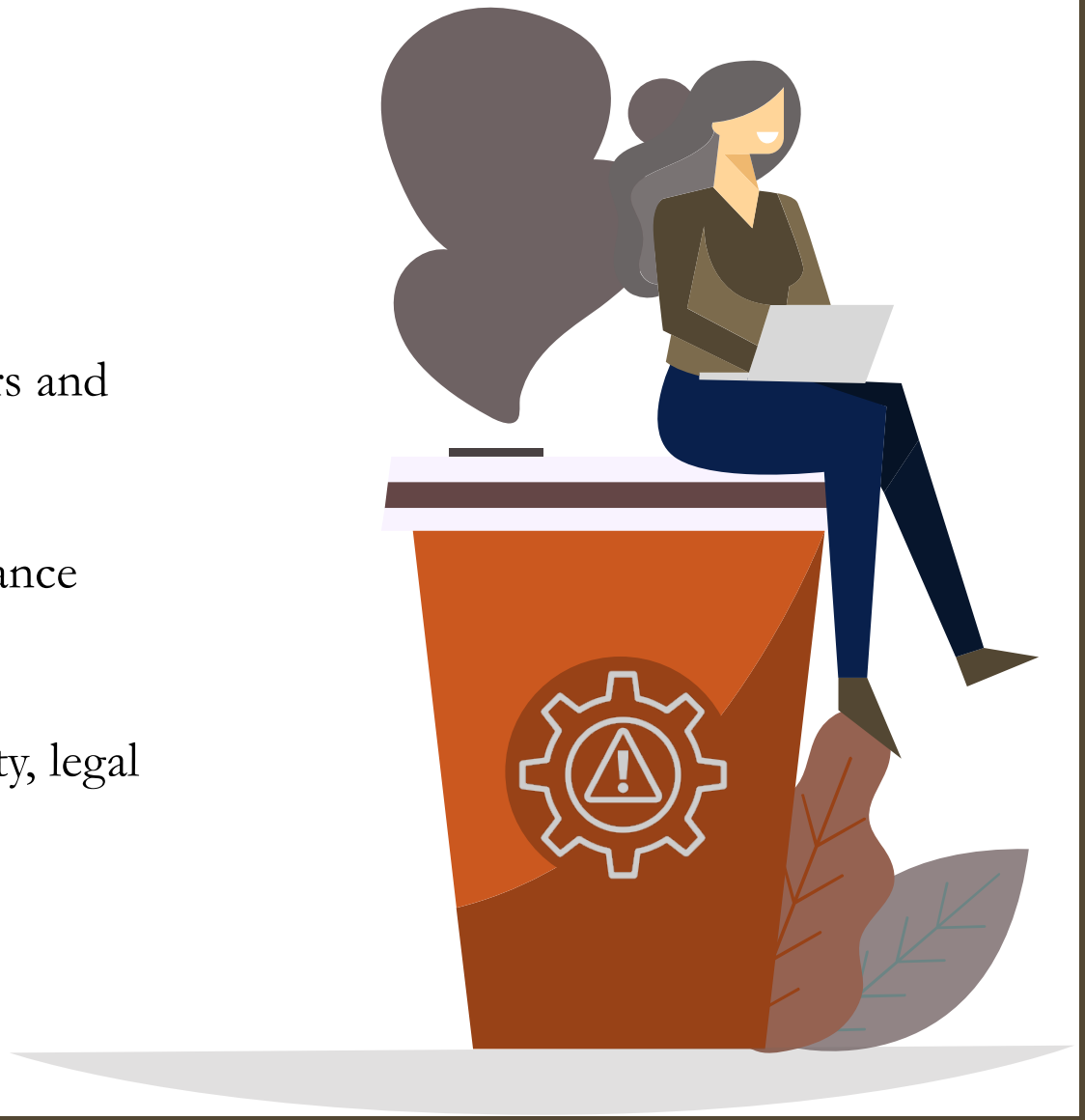
ASSESSING RISK | **REDUCING RISK**

(1) What is the probability of the risk occurring?

(2) What would be the severity of the risk if it did occur?

Risk Management Office Role

- Coordinate insurance needs with event coordinators and various departments.
- Develop guidelines for the administration of insurance policies.
- Serve as a liaison between the University community, legal counsel, and insurance.
- Utilize risk management strategies to reduce risks.



Risk Management Services

Evaluating risk exposures.

Address gaps in insurance coverage.

Developing and implementing risk management programs.

Educating departments about insurance requirements.

Investigating and handling claims.

Issuing insurance certificates of coverage (COIs).

Processing insurance applications and renewals.

Providing education through training and consultation.

Assessing incident investigations in partnership with internal campus stakeholders.

Reviewing agreements from an insurance perspective.

Vetting university drivers for insurance clearance.

Everyone is a Risk Manager

employees are essential

- Communicating on-campus and off-site events.
- Reporting insurance-related matters promptly.
- Encouraging and promoting safety amongst coworkers.
- Participating in safety-related training.
- Taking prompt action to correct unsafe conditions.
- Providing accurate information on insurance applications.
- Incorporating Risk Management topics in staff meetings.
- Updating the Risk Management Office with crucial updates:
    - Acquiring unique items
    - Reporting driver incidents

Claims

- Contact Security for incident-related matters (863) 667-5190
- Contact Julie Ann Hudson
  (863) 667-5006 | riskmanagement@seu.edu
- Claim-related expenses assigned to a specific GL Account Code
- Photos, Photos, Photos, and video of damage
- Acquire proof of loss data: quotes, invoices, labor

Julie Ann Hudson
(863) 667-5006

Drivers

Julie Ann or Graham
riskmanagement@seu.edu

Becoming a University Driver

- Employee operating a leased, owned, rented, or borrowed vehicle on behalf of SEU
- University's insurance covers only approved individuals
- Approved Motor Vehicle Report (MVR)
- Driver Training
- Driver Compliance
- Minimum 18 years of age
  - 21 years of age to rent
- Driver Application
  - SFnet
  - 3-5 Business Days
  - $11 -$30 MVR Department Fee
- Approved Drivers List on SFnet

CLICK HERE

Drivers

MVR Driver Guidelines

Number of minor violations	Number of At-Fault Accidents				
		0	1	2	3
	0	Clear	Acceptable	Borderline	Unacceptable
	1	Acceptable	Borderline	Unacceptable	Unacceptable
	2	Borderline	Unacceptable	Unacceptable	Unacceptable
	3 or more	Unacceptable	Unacceptable	Unacceptable	Unacceptable
	Any major violations	Unacceptable	Unacceptable	Unacceptable	Unacceptable

Julie Ann or Graham
riskmanagement@seu.edu

Driver Requests

Julie Ann or Graham
riskmanagement@seu.edu

MVR Driver Guidelines Major Violations

- Violation in connection with a fatal accident
- Any felony involving the use of an automobile
- Driving with a suspended, revoked, or expired license
- Driving under the influence
- Fleeing or attempting to elude police
- Operating vehicle without owner's permission
- Permitting unlicensed drivers to drive
- Reckless, negligent, careless driving
- Speeding in excess of 20 mph
- Five years restriction

Driver Requests

Julie Ann or Graham
riskmanagement@seu.edu

MVR Driver Guidelines

Borderline Drivers

- Two minor or one at-fault incident
- Any incident not considered a major violation
- Suspensions with reinstatements shown on MVR
- Drivers 18-21 with one or more violations within the last three years
- SEU must run an MVR every 90 days
- Additional driver training
- Three years conditional status

Not Considered Violations

- Defective equipment (lights, brakes, etc.)
- Oversize or overweight
- Seatbelt violations

Golf Carts

- Driver Application
  - SFnet
  - 3-5 Business Days
  - No Fee
- Golf Cart Safety Training
- Drive defensively and responsibly
  - Pedestrians have the right-of-way
  - Avoid high-traffic areas
  - Obey traffic control devices
  - Single earbud or Bluetooth device allowed
  - 5 mph on sidewalks, 15 mph on driveways
  - Avoid public roadways
  - Headlight use at night required
  - Seated riders only

Julie Ann or Graham
riskmanagement@seu.edu

COI

Client#: 4828 SOUTUNI

ACORD **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/31/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lanier Upshaw, Inc. 1115 US Hwy 98 South P.O. Box 468 Lakeland, FL 33802	CONTACT NAME: Donna Golden PHONE (A/C, No, Ext): 863 686-2113 FAX (A/C, No): 863 682-6292 E-MAIL ADDRESS: Donna.Golden@LanierUpshaw.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Markel Insurance Company	38970
INSURED Southeastern University, Inc. 1000 Longfellow Blvd Lakeland, FL 33801	INSURER B : Zenith Insurance Company	13269
	INSURER C : Landmark American Insurance Company	33138
	INSURER D :	
	INSURER E :	
	INSURER F :	

- Certificate of Insurance
- 3-5 Days Response
- Liability Insurance
- Proof of Insurance

- Document from an insurer to demonstrate active business insurance.
- Clients ensure the right insurance is secured before engaging in business.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Camp Gilead is included as additional insured on the above General Liability policy
Re: Spiritual Retreat for Graduate course - PMIN 5353 Spirit-Empowered Discipleship

CERTIFICATE HOLDER	CANCELLATION
Camp Gilead 1444 Camp Gilead Drive Polk City, FL 33868	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

ACORD 25 (2014/01) 1 of 1 The ACORD name and logo are registered marks of ACORD
#S497338/M482450 DMG

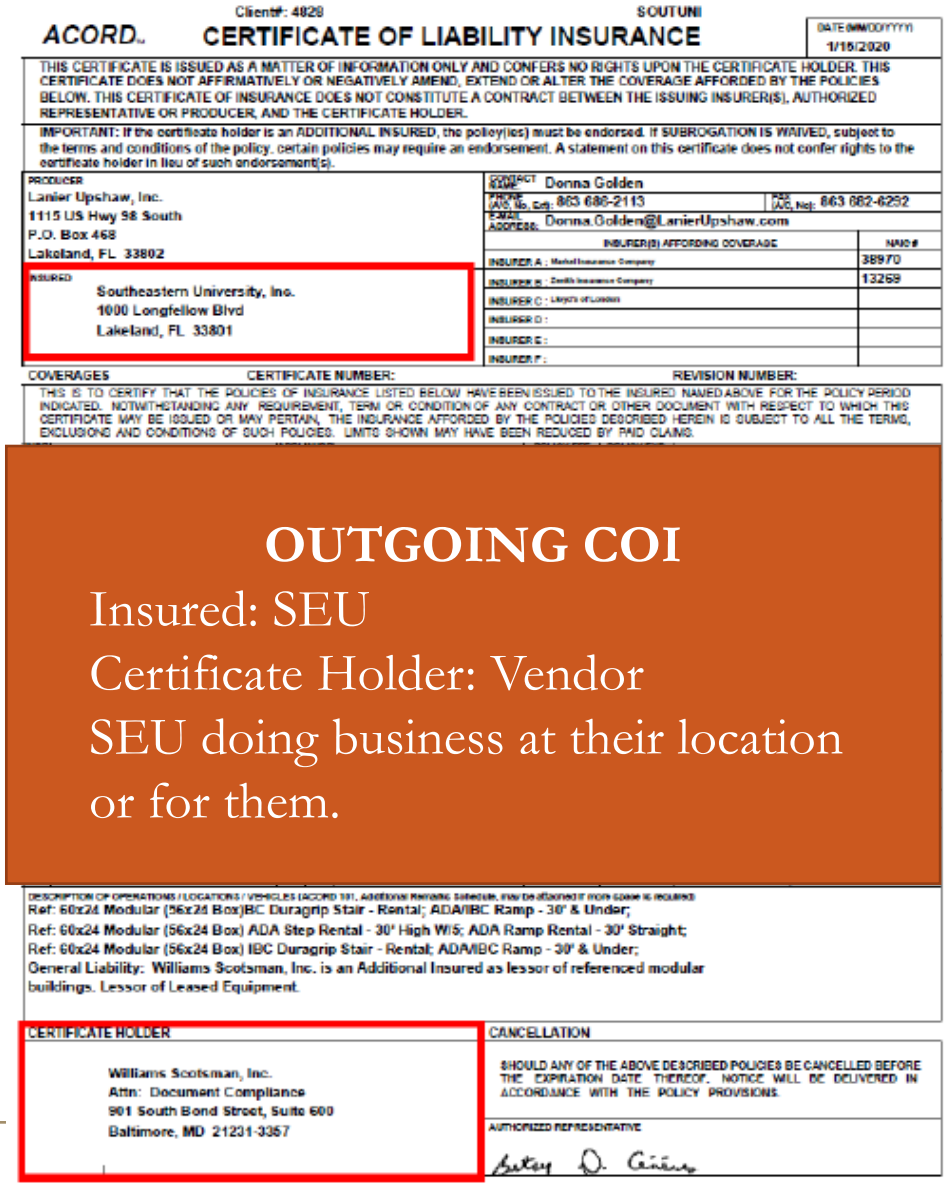
COI

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Sexual Misconduct Included GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT X LOC OTHER:	X		8502WSI055379-0	12/01/2019	12/01/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$1,000,000 $100,000 $5,000 $1,000,000 $3,000,000 $3,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X PIP			1002WSI055380-0	12/01/2019	12/01/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) PIP	$1,000,000 $ $ $ $10,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $10,000			4602WSI055382-0	12/01/2019	12/01/2020	EACH OCCURRENCE AGGREGATE 	$15,000,000 $15,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		M1181405	12/01/2019	12/01/2020	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $1,000,000 $1,000,000 $1,000,000
C	Med. Professional			LHM779457	12/01/2019	12/01/2020	$1,000,000/$3,000,000	
A	Educators Legal			3602WSI055381-0	12/01/2019	12/01/2020	$1,000,000/$2,000,000	

COI



Client#: 4828 SOUTUNI

ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/15/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Lanier Upshaw, Inc.
1115 US Hwy 98 South
P.O. Box 468
Lakeland, FL 33802

CONTACT NAME: Donna Golden
PHONE (A/C, No, Ext): 863 686-2113 FAX (A/C, No): 863 682-6292
E-MAIL ADDRESS: Donna.Golden@LanierUpshaw.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Markel Insurance Company	38970
INSURER B : Zurich Insurance Company	13269
INSURER C : Lloyd's of London	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Southeastern University, Inc.
1000 Longfellow Blvd
Lakeland, FL 33801

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Ref: 60x24 Modular (56x24 Box)IBC Duragrip Stair - Rental; ADA/IBC Ramp - 30' & Under;
Ref: 60x24 Modular (56x24 Box) ADA Step Rental - 30" High W/5; ADA Ramp Rental - 30' Straight;
Ref: 60x24 Modular (56x24 Box) IBC Duragrip Stair - Rental; ADA/IBC Ramp - 30' & Under;
General Liability: Williams Scotsman, Inc. is an Additional Insured as lessor of referenced modular buildings. Lessor of Leased Equipment.

CERTIFICATE HOLDER
Williams Scotsman, Inc.
Attn: Document Compliance
901 South Bond Street, Suite 600
Baltimore, MD 21231-3357

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

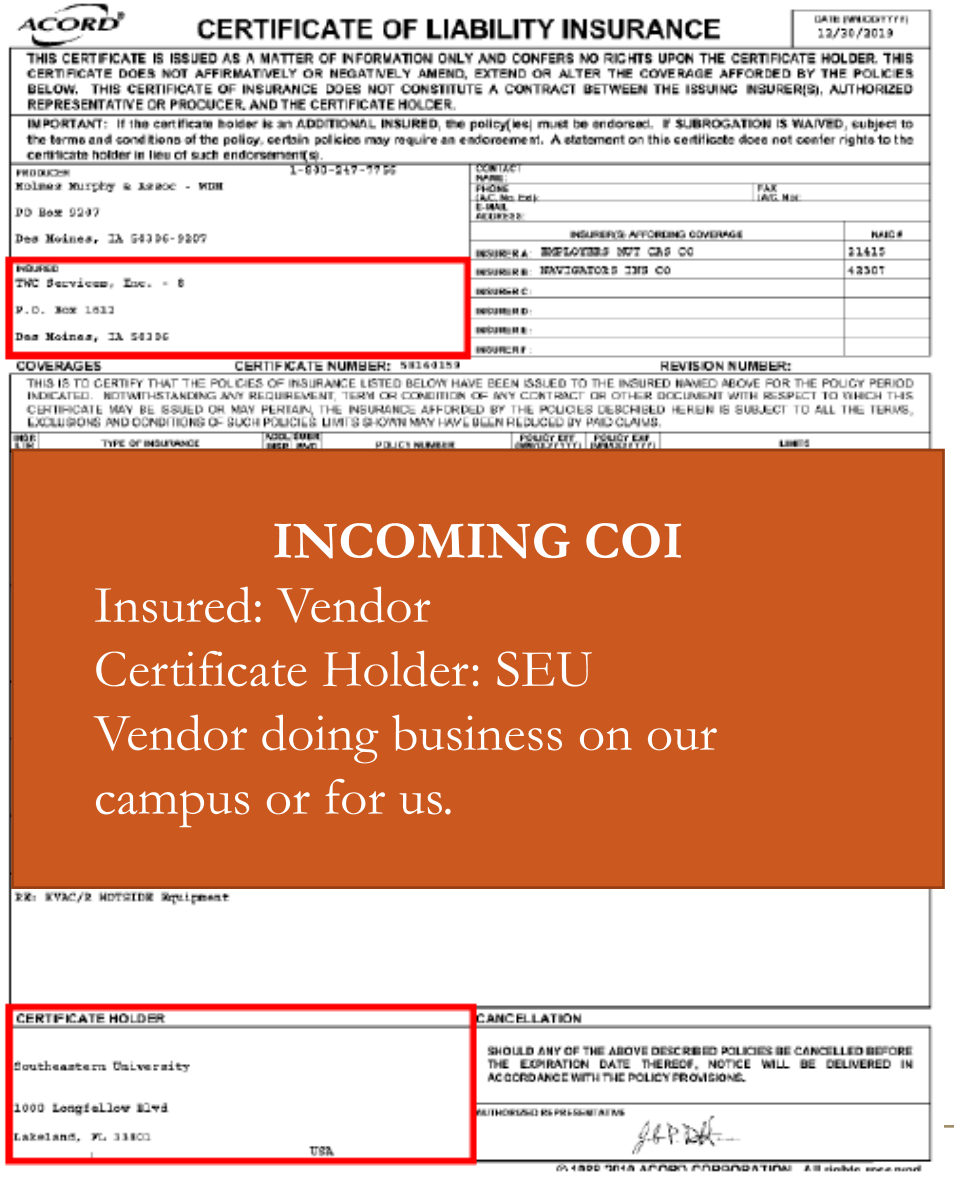
AUTHORIZED REPRESENTATIVE
Betsy D. Grimes

OUTGOING COI

Insured: SEU

Certificate Holder: Vendor

SEU doing business at their location or for them.



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/30/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 1-800-247-5566
Holmes Murphy & Assoc - MDH
PO Box 9207
Des Moines, IA 50306-9207

CONTACT NAME:
PHONE (A/C, No, Ext): FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: EMPLOYERS MUT CAS CO	21415
INSURER B: NAVIGATORS INS CO	42307
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
TNC Services, Inc. - S
P.O. Box 1633
Des Moines, IA 50306

COVERAGES CERTIFICATE NUMBER: 58160159 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS

RE: HVAC/R OUTSIDE Equipment

CERTIFICATE HOLDER
Southeastern University
1000 Longfellow Blvd
Lakeland, FL 33801
USA

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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INCOMING COI

Insured: Vendor

Certificate Holder: SEU

Vendor doing business on our campus or for us.

Certificate of Insurance Requests

1. Select SFnet
2. Click on Departments
3. Select Finance Division
4. Click on Business Office Forms
5. Select Certificate of Insurance Request

COI

Special Events Insurance

Are we covered?

Special Event Insurance Application

Contact the Risk Management Office

Julie Ann Hudson

riskmanagement@seu.edu

Ext 5006

Waivers

Additional Cost

Waivers of Liability

A liability waiver, or release waiver, is a legal document that a company or organization requires members of the public to sign in order to protect their organization from being sued if you sustain an injury.

Southeastern University • 1000 Longfellow Boulevard • Lakeland, FL 33801
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT
LOCAL TRAVEL

1. In consideration for receiving permission to participate in [type of activity]_____ on _____, 20___ at [description of place, city & state]_____.

   I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE Southeastern University of Lakeland, Florida, its Board of Regents, officers, administrators, servants, agents or employees (hereinafter collectively referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, sickness, or injury, including death, that may be sustained by me or to any property belonging to me WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, while being transported to and from such activity, or while in on or upon the premises where the activity is being conducted.

2. To the best of my knowledge, I understand the risks and hazards involved in the student activity referred to above. I hereby elect to voluntarily participate in this activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise.

3. I further hereby AGREE TO INDEMNIFY and HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorney's fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise.

4. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Florida.

In SIGNING THIS WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT, I ACKNOWLEDGE AND REPRESENT that I have read this form in its entirety, understand it, and sign it voluntarily as my own free act and deed; no oral representations have been made to me; I am at least eighteen (18) years of age and fully competent; and I execute this Waiver of Liability and Hold Harmless Agreement for full, adequate, and complete consideration fully intending to be bound by the same.

Student's Signature **Student's Printed Name**

Student ID: _____ or **Student SS#:** _____/____/_____ **Date:** _____

WITNESS

Signature of Witness

Print, Type, Name of Witness

Parent's or Legal Guardian's signature (if student is under 18 yrs.) **Parent or Legal Guardian's Printed Name**

WITNESS

Signature of Witness

Print, Type, Name of Witness

- SFnet
- Local Travel
- Overnight Travel
- Email riskmanagement@seu.edu

Southeastern University • 1000 Longfellow Boulevard • Lakeland, FL 33801
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT
OVERNIGHT TRAVEL

1. In consideration for receiving permission to participate in [type of activity]_____ on _____, 20___ at [description of place, city & state]_____.

   I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE Southeastern University of Lakeland, Florida, its Board of Regents, officers, administrators, servants, agents or employees (hereinafter collectively referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, sickness, or injury, including death, that may be sustained by me or to any property belonging to me WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, while being transported to and from such activity, or while in on or upon the premises where the activity is being conducted.

2. To the best of my knowledge, I understand the risks and hazards involved in the student activity referred to above. I hereby elect to voluntarily participate in this activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise.

3. I further hereby AGREE TO INDEMNIFY and HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorney's fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise.

4. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Florida.

In SIGNING THIS WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT, I ACKNOWLEDGE AND REPRESENT that I have read this form in its entirety, understand it, and sign it voluntarily as my own free act and deed; no oral representations have been made to me; I am at least eighteen (18) years of age and fully competent; and I execute this Waiver of Liability and Hold Harmless Agreement for full, adequate, and complete consideration fully intending to be bound by the same.

Student's Signature **Student's Printed Name**

Student ID#: _____ or **Student SS#:** _____/____/_____ **Date:** _____

WITNESS State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by the Southeastern University student noted above. Identification of signature made via:
Produced identification: _____
Type of identification produced

My Commission Expires: _____ Signature of Notary Public

Print, Type, Stamp Name of Notary Public

Parent's or Legal Guardian's signature (if student is under 18 yrs.) **Parent or Legal Guardian's Printed Name**

WITNESS State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by the Southeastern University student's parent or legal guardian noted above. Identification of signature made via:
Produced identification: _____
Type of identification produced

My Commission Expires: _____ Signature of Notary Public

Print, Type, Stamp Name of Notary Public

General Information

- Gift Cards & Giving to Employees
- Honorariums
- Tax Exempt Certificate
- W9
- Email Subject Lines
- Business Office Contacts

Gift Card & Cash Giving to Employees

IRS guidelines
Publication 15-5

Taxable & must be reported to Payroll Office

Record gift card recipient names and amounts in p-card transaction

Gift card amount added to pay for tax purposes

Honorariums

Payment & gifts made to the non-SEU employee (guest speaker or lecturer) as a "thank you"

Taxable income for accumulated payments of $600 or more during a calendar year

P-Cards may not be used for honorarium payments

Object Code 61340

Honorarium Form

0000104 10/17/17

FLORIDA

Consumer's Certificate of Exemptio

Issued Pursuant to Chapter 212, Florida Statutes

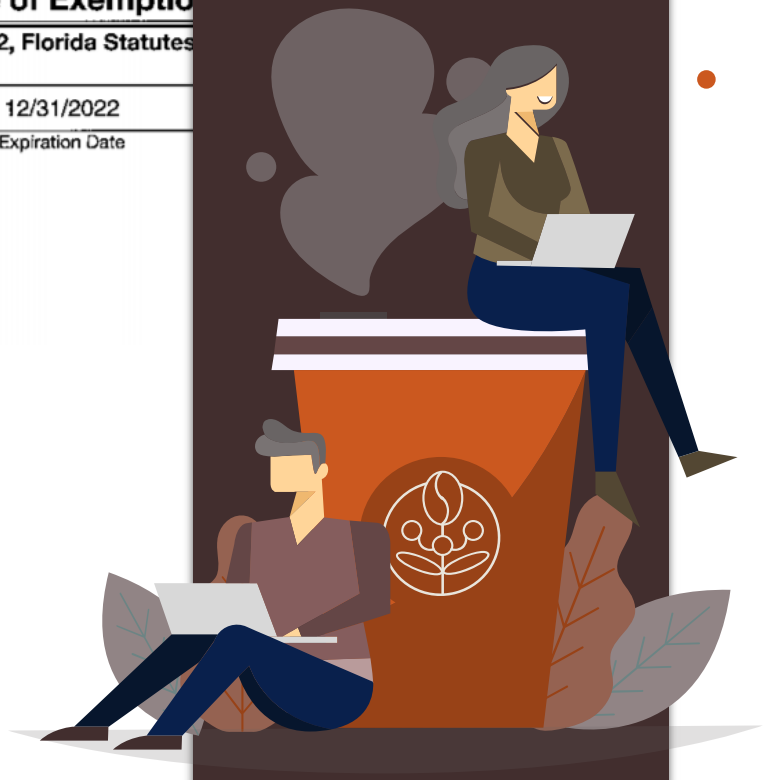
85-8012647143C-1	12/31/2017	12/31/2022
Certificate Number	Effective Date	Expiration Date

This certifies that

SOUTHEASTERN UNIVERSITY INC
1000 LONGFELLOW BLVD
LAKELAND FL 33801-6034

Tax-Exempt Certificate

Digital Tax-Exempt Cards



- Current IRS Version
- Dated within last 12 mos

W-9

Request for Taxpayer Identification Number

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

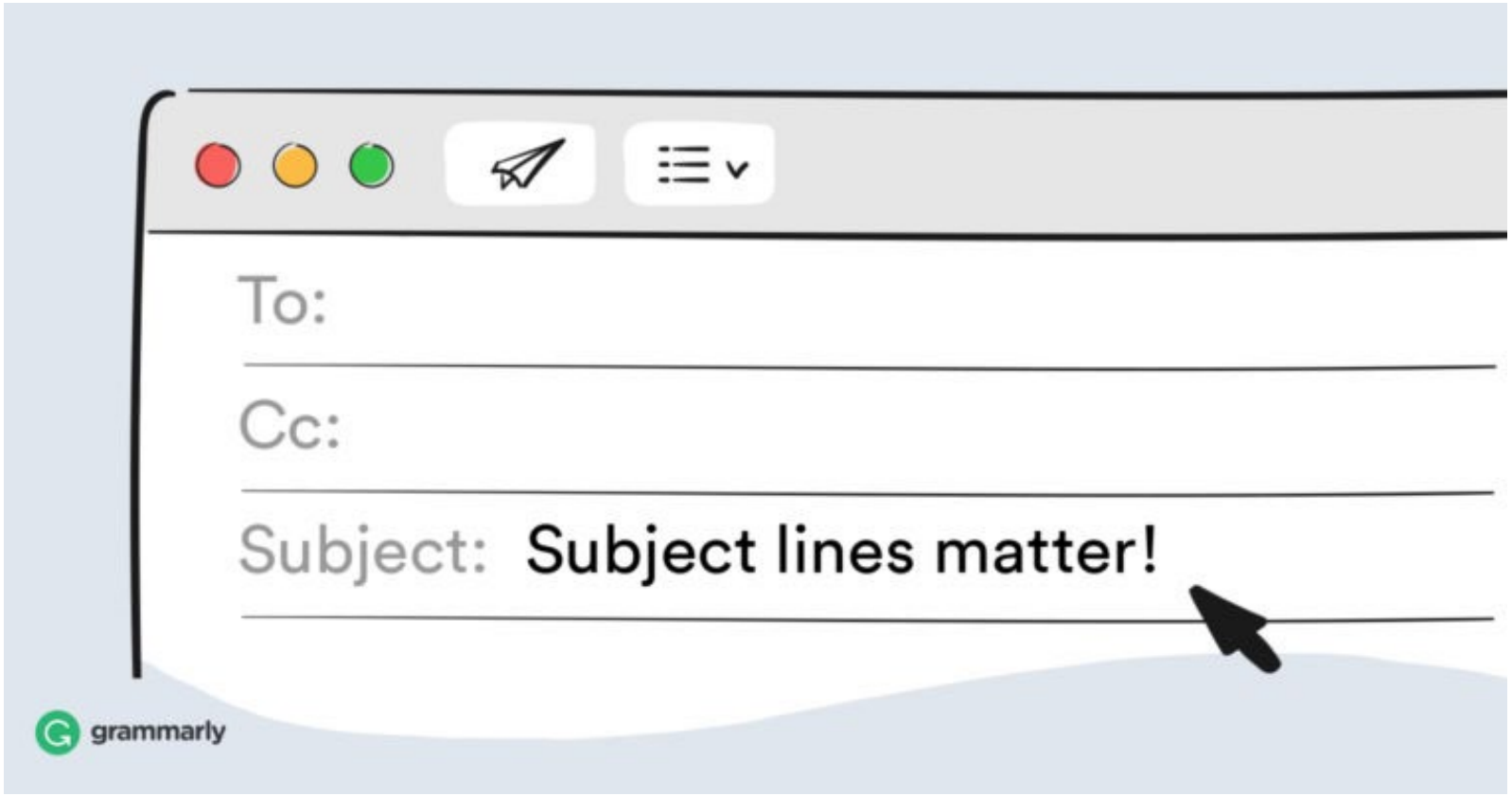
Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

SOUTHEASTERN UNIVERSITY, INC

2 Business name/disregarded entity name, if different from above



Email

- Amazon Account
- Check Request
- Credit Application
- Driver Request
- Expense Advance
- New Vendor
- Paymerang
- Purchase Order
- Sam's Club

Function	Contact	Email	Ext
Accounts Payable	Cindee Bailey	ap@seu.edu	5955
Accounts Receivable	Ryan Wolfe	accountsreceivable@seu.edu	5563 5191
Budget	Andrew Kelley	amkelley@seu.edu	5485
Budget Transfers	Maribel Cruz	mcruz@seu.edu	5929
Cashier's Office	Gabriella Thomas	cashier@seu.edu	5186
Check Requests	Cindee Bailey (Payment) Maribel Cruz (Training)	cbailey@seu.edu mcruz@seu.edu	5955 5929
GL Account Codes	Maribel Cruz	mcruz@seu.edu	5929

Function	Contact	Email	Ext
Honorariums	Cindee Bailey (Payment) Maribel Cruz (Training)	ap@seu.edu mcruz@seu.edu	5955 5929
Journal Entries	Maribel Cruz	mcruz@seu.edu	5929
Payroll	Laura Waschek Dorimar AlersCandelaria	lawaschek@seu.edu dalerscandelaria@seu.edu	5033 5074
P-Card	Julie Ann Hudson (AMEX) Graham Light (Divvy)	jahudson@seu.edu pcardadmin@seu.edu	5006 5247
Purchase Requisitions **Purchase Orders**	Cindee Bailey (Payment) Maribel Cruz (Training)	cbailey@seu.edu mcruz@seu.edu	5955 5929
Risk Management	Julie Ann Hudson Graham Light	riskmangement@seu.edu	5006 5247

Make every interaction count, even the small ones. They are all relevant.

- Shep Hykem