What is the purpose of the receipt?

- **Purpose of Receipts:**
  - To substantiate an expense being claimed by payee

- **Original Receipts are preferred and should be obtained**

- **What components does a “good” receipt have?**
  A) Name of vendor
  B) Date of purchase
  C) Transaction details (itemized)
  D) Form of payment
  E) Payee
  F) Amount paid

- If one or more above requirements is not on the receipt, please request a credit/debit card statement.

- **The DIB should only** be used if all efforts to obtain the preferred backup documents have been exhausted.
Backup Requirements Checklist

- Checklist to guide you when:
  - Submitting reimbursements
  - Attaching backup documents
  - You aren’t sure what documents are required
  - Completing Declaration of Incomplete Backup (DIB)
For auditing purposes, backup needs to answer the following questions (receipt elements):
A. Who is the vendor (Name of vendor)?
B. When was the purchase (Transaction date)?
C. What was purchased (Item/ixed/Item description)?
D. How was it paid (Form of payment)?
E. Who paid (Payee)?
F. How much did they pay (Amount paid)?

The answers to those questions determine if the reimbursement is in compliance with UC policy:
- Certain items are restricted depending on funding source (i.e., alcohol purchase is not allowed on federal and state owned funds; it is allowed on department funds within reason); refer to A-21 policy (link below)
- The payee of a reimbursement must be the individual who incurred and paid for the expense
- Reimbursements for expense paid for by another individual or party may be allowable with justification; consult ABO
- Acceptable forms of payment include credit card, check, cash, and gift card/store credit
- To substantiate proof of payment, the payee’s name or signature must be present

INSTRUCTIONS HOW TO USE DECLARATION OF INCOMPLETE BACKUP FORM (DIB):
The DIB form is NOT recognized by UCSF Accounts Payable, this is an internal form and should only be used if all efforts to obtain receipts or bank/credit card statements have been exhausted. AP reserves the right to request additional documents to substantiate expenses.

To ensure that the backup meets the necessary requirements, please refer to the following questions:

☐ Receipts: Refers to DIB Sections. 1, 2 and 3
  i. Are original receipts attached and legible?
     if not, please obtain credit/debit card statements. Complete the DIB only if these preferred documents are unavailable. Scanned receipts must be legible as PDF. If receipts are illegible, scan and send original to ABO.
  ii. Are the items on the receipts listed clearly, and are you able to identify them?
     if items are unidentifiable on the receipts, complete Section 2 for non-dairy items or Section 3 for dairy items.

☐ Payment: Refers to DIB Section 4
  i. For credit/debit card transactions: Is the payee name listed on the receipt?
     if the payee’s name is not listed, complete Section 4.
  ii. For check transactions: Is a copy of the cancelled check included?
     Front and back copies of checks are acceptable. If not available, complete Section 4.
     Redact account number, address, and phone number to protect payee’s confidential information.
  iii. For cash, gift card and store credit transactions:
     Payee must certify transactions by completing Section 4.

☐ Payee: Refers to DIB Section 5
  i. Does the payee on the reimbursement match the name of the proof of payment?
     If the payee of the reimbursement did not pay for the items, the request may be allowed with justification; consult ABO.

**Please refer to Controller’s Office Newsletter: http://controller.ucsf.edu/newsletter/newsletter_032012.asp#ap_and_travel

For more information regarding University of California policy, please refer to the following links:
Controller's Office - General: http://controller.ucsf.edu
Controller’s Office – Policies: http://controller.ucsf.edu/resources/policy.asp
UC Office of the President – Policies & Forms: http://www.ucop.edu/policies/policies.html

Revised by ABO 7/2016
Declaration of Incomplete Backup (DIB)

- Internal document not recognized by UCSF Accounts Payable. To be used sparingly.

- Must be completed if
  - All efforts to obtain receipts and statements have been exhausted
  - An itemized receipt was not available
  - Any one or more component is missing from the receipt and cannot be satisfied by the credit/debit card statement
  - Receipt is illegible

- Applicable for cash transactions
DECLARATION OF INCOMPLETE BACKUP

This form is used to declare and certify expenses for which all efforts to obtain complete receipts and/or credit/debit card statements have been exhausted. Please use this form sparingly.

Complete the sections required to substantiate the expense(s). Note: One DIB may be used for multiple charges.

1. **Original Receipt** – If the original receipt is not attached, please choose one of the following:
   - Receipt was lost and all measures to obtain a duplicate receipt have been exhausted
   - Receipt was unavailable or illegible

2. **Itemization of Purchase – Non-Dietary**
   If the attached receipt/statement does not adequately describe the item purchased, indicate the description and amount on the lines provided (if more than one receipt missing, list all the purchases):
   - Description
   - Amount
   - Description
   - Amount

3. **Itemization of Purchase – Dietary**
   If the attached receipt/statement does not include all of the six receipt elements and/or if alcohol was purchased, please complete all that apply (if more than one receipt missing, list all the purchases):
   - I attest that alcohol:
     - Was purchased, costing $_________ and was deducted from this claim.
     - Was not purchased or included on this receipt.
     - Was purchased and expense is not going to be charged to State or Federal fund.
   - Date/Meal
   - Amount
   - Date/Meal
   - Amount

4. **Method of Payment** (Select all that apply)
   - Credit/Debit Card – Credit/Debit Card type: ___________ Last 4 digits: ___________
   - Check – Check Number: ___________ Last 4 digits: ___________
   - Cash
   - Gift Card | Store Credit

5. **Other / Additional Information**
   *If additional information is needed to justify this reimbursement, please attach a memo or statement.*

   I have attached additional documentation for this expense: please specify ____________________________

________________________________________________________________________________________

I, __________________________________, certify that the above information is correct and that, if applicable, I am the cardholder and/or owner of the cash/gift cards indicated. These expenses are the amount actually paid and will not be claimed from any other source.

__________________________________________  ____________
Signature of Payee                      Date

Revised by ABO: 07/2016
DIB – Non-Dietary Purchase

If transaction is for non-dietary item, complete section 2

1. Receipt was unavailable or illegible

2. Itemization of Purchase(s) - Non-Dietary
   If the attached receipts/statements do not adequately describe the items purchased, indicate the description(s) and amount(s) on the lines provided:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Dietary Purchases
   For dietary purchases, if an itemized receipt is not attached or the original receipt is missing, mark ONE of the following:

   - I attest that alcohol:

<table>
<thead>
<tr>
<th>Date/Meal</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Meal</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Method of Payment (Select all that apply)
   - Credit/Debit Card
   - Cash
   - Check – Check number: ___________ last 4 digits: ___________ 
   - Gift Card | Store Credit

5. Other/Additional Information
   If additional information is needed to justify this reimbursement, please attach a memo or statement:

   I, ____________________________, have attached additional documentation for this expense; please specify ____________________________

   I, ____________________________, certify that the above information is correct and, if applicable, I am the cardholder and/or owner of the cash/gift cards indicated. These expenses are the amount actually paid and will not be claimed from any other source.

   Signature of Payee
   Date
DIB – Dietary Purchase

- For dietary purchase, complete section 3
- Indicate if alcohol was purchase or not
- Be sure to enter the date, meal and amount

3 Dietary Purchases
For dietary purchases, if an itemized receipt is not attached or the original receipt is missing, mark ONE of the following:

☐ Was purchased, costing $__________, and was deducted from this claim.
☐ Was not purchased or included on this receipt; if more than one receipt missing, list all the purchases:

<table>
<thead>
<tr>
<th>Date/Meal</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Was purchased and the expense is not going to be charged to a State or Federal fund.

4 Method of Payment (Select all that apply)
- Credit/Debit Card – Credit/Debit Card type: ___________________________ last 4 digits: __________
- Check – Check number: ___________ last 4 digits: __________
- Gift Card | Store Credit

I have attached additional documentation for this expense; please specify ____________________________

I, ____________________________, certify that the above information is correct and that, if applicable, I am the cardholder and/or owner of the cash/gift cards indicated. These expenses are the amount actually paid and will not be claimed from any other source.

Signature of Payee
Date

formID: DIB, revised 2/13
DIB – Method of Payment

- This section can be completed and used in lieu of credit card statement as proof of payment
- Cash, gift cards, and store credit transactions must be certified by completing this section

4 Method of Payment (Select all that apply)

- Credit/Debit Card
  - Credit/Debit – Card type: ___________________ last 4 digits: _________________
- Cash
- Check – Check number: _________________ last 4 digits: _________________
- Gift Card | Store Credit

5 Other / Additional Information

If additional information is needed to justify this reimbursement, please attach a memo or statement

I have attached additional documentation for this expense; please specify ____________________________

I, ________________________________, certify that the above information is correct and that, if applicable, I am the cardholder and/or owner of the cash/gift cards indicated. These expenses are the amount actually paid and will not be claimed from any other source.

Signature of Payee

Date

formID: anesDIB, revised 2/13
Other Supporting Documents

- For travel reimbursements include the following:
  - Conference/Meeting
    - Itinerary, agenda, or invitation
  - Itemized receipts
    - Airfare, lodging, meals, rental cars, taxi, etc.
  - Airfare itinerary
    - Amount, form of payment, class of service, and flight schedule
  - Approval and signature from the appropriate authority
How to organize your receipts

- Date
- Type
- Submit backup as one PDF to avoid duplications
- Orientation (Right Side Up)
When to remove personal information?

Remove **ALL 7 Supplier or Payee Data Elements to De-identify Data**

- **TIP:** Do not attach W-9 forms to BearBuy orders.
1. Social Security numbers
2. Home Address (unless the same as the business address)
3. Home Phone Numbers (unless the same as the business phone number)
4. Driver's license or California Identification Card number
5. Financial, credit card, or debit card account numbers, as well as security codes, access codes, or passwords
6. Health insurance information
7. Passport

http://cpbc.ucsf.edu/files/Quick_Reference-Data_Privacy.pdf
Remove Information on a PDF file in Adobe Acrobat

1. Select the “Tools” tab
2. Select the “Protection” box
3. Select “Mark for Redaction”
4. Highlight the text that you would like to remove
5. To complete the process, select “Apply Redactions”

Instructions may vary between different versions of Adobe Acrobat
How to Add Receipts

1. From the receipt pull down tab, select “Attach Receipt Images”

2. Select “Browse” and the backup that is associated with the expense

3. Once you choose, select “Upload”
How to Delete Receipts

1. If you have submitted a report and need to adjust a receipt, recall your report.

2. From the receipt tab, select “Delete Receipt Images”. This will remove your complete backup from the report.

3. Select “Yes” to complete.

4. Re-attach adjusted receipts.

Approvers do not have the ability to delete receipts.
How long to keep receipts?

- Send original receipts to ABO. They will decide whether to retain or destroy the receipts.
- Before sending receipts to ABO, make sure the reimbursement has been processed and paid.
Helpful Tips

- Do not tape over important information on the receipt. When scanning the receipt, the tape will fade and lift the ink off the receipt, making it hard to read.
- Review scanned receipts to make sure they are legible.
- Do not include unnecessary or excessive documents.
- Tape receipts on 8.5” x 11” paper.
Is anything missing from this receipt?

Palio Parnassus
500 Parnassus Street
415-681-9925

MON NOVEMBER 19, 2012
CHECK #1946333-1

2 Lg Fruit Salad $10.00
2 Lg Veggie Salad $12.00
5 Asst Sandwich $39.75
5 Assorted Cookies $10.00
TOTAL $71.75

BREAK TO GO
Time: 09:39 1 CUSTOMER

Palio Paninoteca
Thanks you!

YOU HAVE BEEN SERVED
BY: Counter 3

a: $71.75

*****5132

TRANSACTION RECORD

Palio Parnassus
500 Parnassus Street
415-681-9925

CARD TYPE: Visa
Num: **********5132 EXPI.: ****
ENTRY: SWIPE
AUTHORIZATION: 045023
STORE #: 1
TERMINAL: 3
REFERENCE: 1946333

PURCHASE $71.75
TIP
TOTAL

THANK YOU
NOVEMBER 19, 2012 9:39:30
Server's name: Counter 3

CUSTOMER COPY
Missing components:
• Payee: Include a DIB to certify the expenses belong to the employee
Is anything missing from this receipt?
Answers

Missing components:
• Payee
• Cash payments: a DIB needs to be included to certify the cash payment was made by the employee
Is anything missing from this receipt?

Final Details for Order #103-3060734-5517062
Print this page for your records.

Order Placed: November 3, 2012
Amazon.com order number: 103-3060734-5517062
Order Total: $183.19

Shipped on November 4, 2012
Items Ordered
1 of: *Echo Made Easy, 2e, Sam Kaddoura BSc BM BCh DIC PhD FRCP FESC FACC* $35.72
Condition: New
Sold by: Amazon.com LLC
Condition: New
Sold by: Amazon.com LLC
1 of: *Critical Care Medicine: The Essentials, John J. Marini, Arthur P. Wheeler* $49.38
Condition: New
Sold by: Amazon.com LLC

Shipping Address:
Amazon Locker - Andre Map
Located in Radioshack
United States
Shipping Speed:
Two-Day Locker Delivery

| Item(s) Subtotal: $158.88 |
| Shipping & Handling: $0.00 |
| Total before tax: $158.88 |
| Sales Tax: $13.51 |
| Total for This Shipment: $172.39 |

Shipped on November 5, 2012
Items Ordered
Condition: New
Sold by: Amazon.com LLC

Shipping Address:
Amazon Locker - Andre Map
Located in Radioshack
United States
Shipping Speed:
Two-Day Locker Delivery

| Item(s) Subtotal: $9.95 |
| Shipping & Handling: $0.00 |
| Total before tax: $9.95 |
| Sales Tax: $0.85 |
| Total for This Shipment: $10.80 |

Payment Information

Payment Method:
Amazon.com Visa | Last digits: 0844

Item(s) Subtotal: $168.83
Shipping & Handling: $0.00
Total before tax: $168.83
Estimated tax to be collected: $14.36
Grand Total: $183.19

Credit Card transactions
Amazon.com Visa ending in 0844: November 4, 2012: $172.39
Amazon.com Visa ending in 0844: November 5, 2012: $10.80

To view the status of your order, return to Order Summary.

Please note: This is not a VAT Invoice.

Conditions of Use | Privacy Notice © 1996-2012, Amazon.com, Inc. or its affiliates
Since all the components are on the receipt, no additional documents are required and will be sufficient enough to submit.
Is anything missing from this receipt?
Answers

Since all the components are on the receipt, the credit card statement or other documents are not required.
Resources

- Anesthesia Business Office wiki page:
  - Website: http://wiki.library.ucsf.edu/display/ABO

- Controller’s Office:
  - Website: www.controllersoffice.ucsf.edu
  - Tel: 476-2126
  - Email: COSolutionCenter@ucsf.edu