

Receipts, Backup Checklist & Declaration of Incomplete Backup (DIB)

Presentation by Anesthesia Business Office

Updated July 2016

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)

BACKUP REQUIREMENTS CHECKLIST

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 (*Itemized/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-dietary items or Section 3 for dietary 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_043012.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/purchserv/policiesfrms.html>
Circular A-21: http://www.whitehouse.gov/omb/circulars_a021_2004/

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

DIB – Non-Dietary Purchase

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

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:

Description	Amount	Description	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:

Latest that alcohol:

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:

I attest that alcohol:

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:

Date/Meal	Amount	Date/Meal	Amount
_____	_____	_____	_____
_____	_____	_____	_____

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: _____ List 4 digits: _____

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

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: _____

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

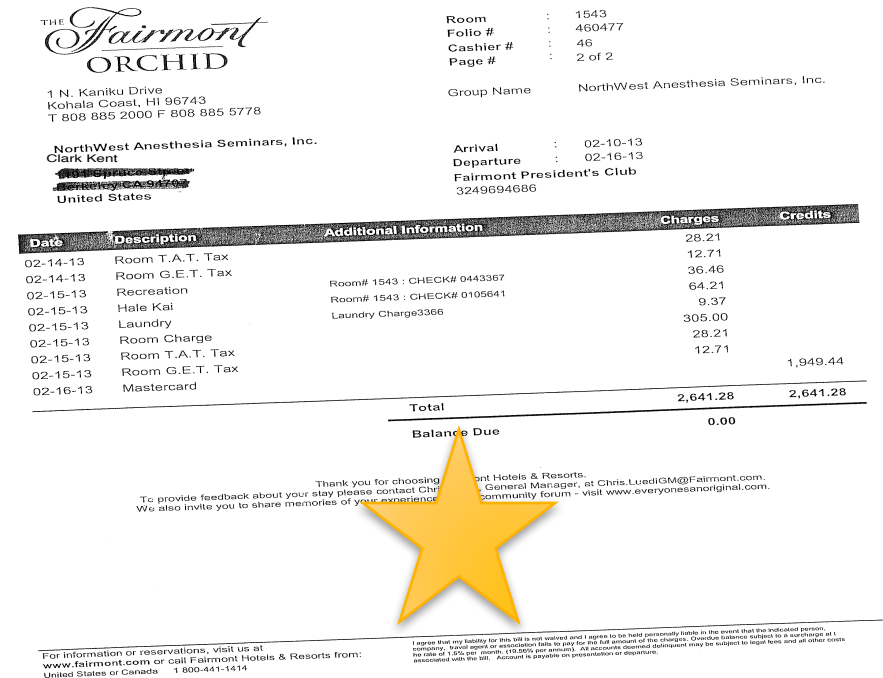
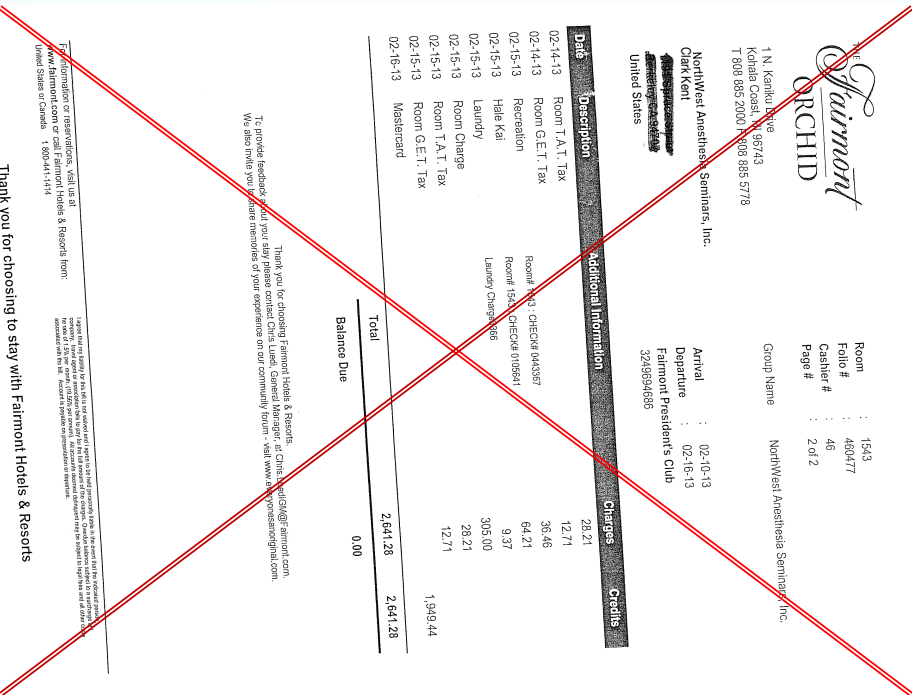
I have attached additional documentation for this expense; please specify _____

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”

The screenshot shows a software interface with a top navigation bar containing buttons for 'New Expense', 'Quick Expenses', 'Details', 'Receipts', 'Print / Email', and 'Hide E'. The 'Receipts' button is circled in red. Below the navigation bar is a file browser window titled 'Brown Bag Test' showing a list of files, with 'Untitled.pdf' selected. A dialog box titled 'Receipt Upload and Attach' is open, displaying instructions and a table of expenses. The table has columns for 'Expense', 'Date', and 'Amount'. The first row shows 'Lodging' with a date of '03/01/2013' and an amount of '\$500.00'. Below the table, there is a 'Files Selected for uploading:' section with 'Untitled.pdf' listed. The 'Upload' button is highlighted with a red arrow.

Expense	Date	Amount
Lodging	03/01/2013	\$500.00

1

2

3

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

The screenshot displays the MyExpense UCSF Expense Reimbursement Solution interface. At the top, there are links for Help, Support, and Log Out. The main header features the MyExpense logo and the text 'UCSF Expense Reimbursement Solution'. Below the header, there are two buttons: 'Recall' (highlighted with a red arrow) and 'Copy Report'. A dropdown menu is open, showing options: 'Receipts', 'Print / Email', 'Receipts Required', 'View Receipts in new window', 'View Receipts in current window', 'Attach Receipt Images', 'View Receipt Store', and 'Delete Receipt Images' (highlighted with a red arrow). At the bottom, a 'Please Confirm' dialog box is shown, asking 'Are you sure that you want to delete all of the receipts that are attached at the report level?' with 'Yes' and 'No' buttons.

1

2

3

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

BREAKF 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
Nu. *****5132 EXPI.: ****
ENTRY: SWIPED
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

Answers

Palio Parnassus
500 Parnassus Street
415-681-9925

A

MON NOVEMBER 19, 2012
CHECK #1946333-1

B

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

C

BREAKF TO GO
Time: 09:39 1 CUSTOMER

F

Palio Paninoteca
Thanks you!

YOU HAVE BEEN SERVED
BY : Counter 3

sa : \$71.75
*****5132

TRANSACTION RECORD

Palio Parnassus
500 Parnassus Street
415-681-9925

Missing
components:

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

D

- Payee: Include a DIB to certify the expenses belong to the employee

PURCHASE \$71.75

TIP _____

TOTAL _____

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

CUSTOMER COPY

Is anything missing from this receipt?

LA PALMA
2684 24TH ST.
SAN FRANCISCO, CA 94110
(415) 647 1500

MC #01
REG: KAREN 12-11-2012 04:50 PM 028726

ORDER# 028726
CUSTOMER No. 17

1 POLLO PAQUETE 1	\$21.99 T1
1 CARNITAS LB	
1 CARNITAS	\$8.13 T1
5 COCA-COLA 7.5oz	\$3.25FT1
CRV .05	\$0.25FT1
3 SPRITE 7.5 OZ.	\$2.10FT1
CRV .05	\$0.15FT1
2 COCA-COLA DIETA 7.5 OZ.	F
	\$1.40 T1
CRV .05	\$0.10FT1
1 TORTILLA FRESCA SIN PRES	F
	\$2.01
TX1	\$3.18
TL	\$42.56
CASH	\$50.00
CG	\$7.44

No hay regreso o cambio de comida/dinero al salir de la tienda.

Answers

A

B

C

D

F

LA PALMA
2684 24TH ST.
SAN FRANCISCO, CA 94110
(415) 647 1500

REG: KAREN 12-11-2012 04:50 PM 028726 MC #01

ORDER# 028726
CUSTOMER No. 17

1 POLLO PAQUETE 1	\$21.99 T1
1 CARNITAS LB	
1 CARNITAS	\$8.13 T1
5 COCA-COLA 7.5oz	\$3.25FT1
CRV .05	\$0.25FT1
3 SPRITE 7.5 OZ.	\$2.10FT1
CRV .05	\$0.15FT1
2 COCA-COLA DIETA 7.5 OZ.	F
	\$1.40 T1
CRV .05	\$0.10FT1
1 TORTILLA FRESCA SIN PRES	F
	\$2.01
TX1	\$3.18
TL	\$42.56
CASH	\$50.00
CG	\$7.44

No hay regreso o cambio de comida/dinero al salir de la tienda.
Gracias por su preferencia.

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	Price
1 of: <i>Echo Made Easy, 2e</i> , Sam Kaddoura BSc BM BCh DIC PhD FRCP FESC FACC Condition: New Sold by: Amazon.com LLC	\$35.72
1 of: <i>The Washington Manual of Critical Care (Lippincott Manual Series (Formerly known as the Spiral Manual Series))</i> , Marin Kollef, Warren Isakow Condition: New Sold by: Amazon.com LLC	\$49.38
1 of: <i>Critical Care Medicine: The Essentials</i> , John J. Marini, Arthur P. Wheeler Condition: New Sold by: Amazon.com LLC	\$73.78

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	Price
1 of: <i>A Bedside Guide to Mechanical Ventilation</i> , Kenneth Nugent, et al Condition: New Sold by: Amazon.com LLC	\$9.95

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

2/12

Amazon.com - Order 103-3060734-5517062

Payment Method:

Amazon.com Visa | Last digits: 0844

Billing address
Jane Smith

United States

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.

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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



A

Amazon.com - Order 103-3060734-5517062

Answers

Final Details for Order #103-3060734-5517062

Print this page for your records.

B

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

Shipped on November 4, 2012

Items Ordered

	Price
1 of: <i>Echo Made Easy, 2e</i> , Sam Kaddoura BSc BM BCh DIC PhD FRCP FESC FACC Condition: New Sold by: Amazon.com LLC	\$35.72
1 of: <i>The Washington Manual of Critical Care (Lippincott Manual Series (Formerly known as the Spiral Manual Series))</i> , Marlin Kollef, Warren Isakow Condition: New Sold by: Amazon.com LLC	\$49.38
1 of: <i>Critical Care Medicine: The Essentials</i> , John J. Marini, Arthur P. Wheeler Condition: New Sold by: Amazon.com LLC	\$73.78

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

	Price
1 of: <i>A Bedside Guide to Mechanical Ventilation</i> , Kenneth Nugent, et al Condition: New Sold by: Amazon.com LLC	\$9.95

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

Billing address

Jane Smith

United States

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.

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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?



THE AMERICAN BOARD OF ANESTHESIOLOGY, INC.
 4208 Six Forks Road, Suite 900
 Raleigh, North Carolina 27609-5735
 Phone (866) 999-7501 Fax (866) 999-7503
 www.theABA.org

Receipt For: 2013 Primary Certification Exam Fee
Lois Lane M.D. ABAIDN: 3587-6764

The American Board of Anesthesiology, Inc. confirms the following:

Transaction Details

Payment ID 84807
Date 2/1/2013 12:33:12 AM
Description 2013 Primary Certification Exam Fee
Amount \$600.00
Payment Type Credit Card

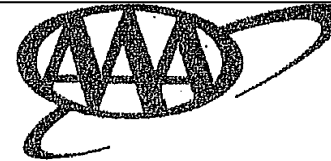
Billing Information

Street Address
City
State
Postal Code
Name On Card Lois Lane
Card Number *****6055
Approval Code 035352

Payment ID	Amount	Description
84807	\$600.00	Anesthesiology Part 1 Exam Fee

www.aanetaccess.com

Lois Lane
~~*****6055~~ 6055
 January 15 - February 13, 2013
 Page 3 of 6



Transactions continued

Transaction Date	Posting Date	Description	Reference Number	Account Number	Amount	Total
02/01	02/02	Purchases and Adjustments THE AMERICAN BOARD OF ANESTHESIOLOGY, INC.	834.1	6055	600.00	

Answers



A THE AMERICAN BOARD OF ANESTHESIOLOGY, INC.
4208 Six Forks Road, Suite 900
Raleigh, North Carolina 27609-5735
Phone (866) 999-7501 Fax (866) 999-7503
www.theABA.org

Receipt For: 2013 Primary Certification Exam Fee
Lois Lane M.D. ABAIDN: 3587-6764

The American Board of Anesthesiology, Inc. confirms the following:

Transaction Details

B Payment ID 84807
Date 2/1/2013 12:33:12 AM
Description 2013 Primary Certification Exam Fee
Amount \$600.00
Payment Type Credit Card

Billing Information

Street Address
City
State
Postal Code
Name On Card Lois Lane
Card Number *****6055
Approval Code 035352

Payment ID	Amount	Description
84807	\$600.00	Anesthesiology Par

www.aanetaccess.com

Lois Lane
~~*****6055~~
January 15 - February 13, 2013
Page 3 of 6

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

Transactions continued

Transaction Date	Posting Date	Description	Reference Number	Account Number	Amount
02/01	02/02	Purchases and Adjustments THE AMERICAN BOARD OF ANESTHESIOLOGY, INC.	834.1	6055	600.00

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

Next Brown Bag topic: MyExpense – Quick Reference Guide