



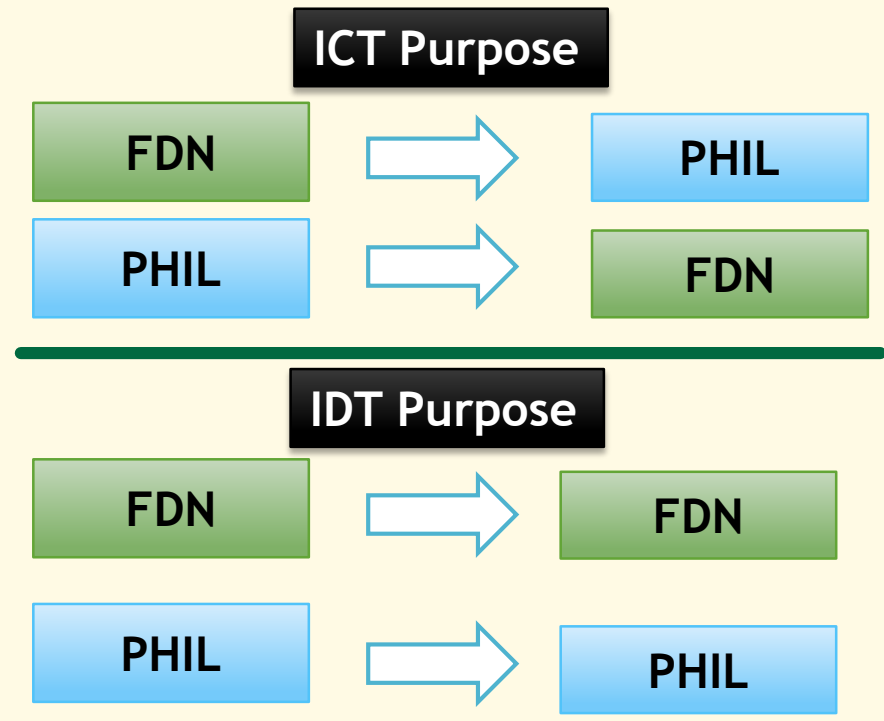
Inter**C**ompany **T**ransfer (ICT Form)

&

Inter**D**epartmental **T**ransfer (IDT Form)

ICT/IDT Form Overview

- ▶ Purpose
 - ▶ ICT Form is used to process a transfer from one company to another company
 - ▶ IDT Form is used to process a transfer from within the same company
- ▶ Form Location
 - ▶ FDN Form: Foundation Website -> Financial Services -> Form for Financial Services -> Click [IDT/ICT Form](#)
 - ▶ PHIL Form: Philanthropic Website -> Forms -> Click [ICT/IDT Form](#)
- ▶ Common Coding Scenarios (*backup is required)
 - ▶ ICT Transfers: 5341 & 7341
 - ▶ IDT Transfers: 5348 & 7348
 - ▶ **Note both object codes above must be used together on the ICT/IDT Form and never separate*
 - ▶ Reimbursement
 - ▶ Actual Revenue & Expense Charges
 - ▶ Adjustments



ICT/IDT Form Which Form to Use

To	From	ICT/IDT Form	IDT Webform
PHIL	PHIL	PHIL	Yes
FDN	FDN	FDN	Yes
FDN	PHIL	FDN	No
PHIL	FDN	PHIL	No

Foundation Projects start with 0xxxxx, 1xxxxx, 2xxxxx, 3xxxxx, 4xxxxx


Philanthropic Projects start with 7xxxxx, 8xxxxx, 9xxxxx

ICT/IDT Form Form Number

- ▶ Click For Form #
- ▶ Webpage tab will open for the number
- ▶ Copy and paste form number

Inter-Departmental Transaction (IDT) / Inter-Company Transaction (ICT)

Please get the form # first before proceeding.		Click for Form#	Instructions(Filling form)
Prepared by:	<input type="text"/>	Ext#:	<input type="text"/>
Dept/Division:	<input type="text"/>	Date:	<input type="text"/>
Posting Month:	<input type="text"/>	Form #:	<input type="text"/>
Purpose/reason for the charges:	<input type="text"/>		



Use this only if the automatic number generator of the financial form you downloaded is not working. Please follow these steps:

1. Please write down the number below
2. Re-open the form
3. Enter this number below in the appropriate line on the form.

This Number is used for the following forms: IDT, PO Requests, Travel Authorization & Expense Report, Disbursement Voucher, Fellowship and Participant Stipend Payment & Acknowledgement.

521320

ICT/IDT Form Header preparation

Inter-Departmental Transaction (IDT) / Inter-Company Transaction (ICT)

Name

Prepared by: Omar Qadamani

Ext#: 4854

Dept/Division: Kellogg West

Date: 07/11/2022

Posting Month: 07/2022

Form #: 521320

Purpose/reason for the charges: Catering Charges for Finals Event



Extension

Form Logo

Date of Preparation

Form #
Generated

Reason for Charges

Dept

Posting
Month



ICT/IDT Form Section A

Section A: Account(s) to receive payment (Must be Foundation Acct) (CREDIT)			
Description (Attach a list if more space is needed)	Project	Object	Amount
Catertrax Order # 10000	170120	5161	\$ 100.00
Please attach backup documents and send to department to be billed		Total:	\$ 100.00
Project Authorized Signer			
Print Name:	Signature:	Date:	

- ▶ Description of transfer
- ▶ Project #
- ▶ Object #
- ▶ Amount
- ▶ Project Authorized Signer of crediting account

ICT/IDT Form Section B

Section B: Account(s) to be charged (DEBIT)			
Please check box(es)	Foundation (IDT) <input type="checkbox"/>	Philanthropic (ICT) <input checked="" type="checkbox"/>	
Description (Attach a list if more space is needed)	Project	Object	Amount
Catertrax Order # 10000	819167	7185	\$ 100.00
Please submit to Foundation, Building 55, A/R Department once completed		Total:	\$ 100.00
<small>I/We certify that this interdepartmental transfer benefits the educational mission of the CSU and meet the policy requirements of the Education Code Section 89904.6, Section 9.2, Policy on Expenditure of Funds for CSU Auxiliary Organizations and is in compliance with the University Related Project Agreement. I/We also certify that the item(s) above has/have been received and/or service(s) has/have been performed to the satisfaction required, if applicable, and that the items and/or services are in compliance with the terms and conditions of the grant and/or contract, if applicable.</small>			
Project Authorized Signers (2nd signature required for amount over \$5,000 & if ICT is checked)			
Print Name:	Signature:	Date:	
Project Authorized Signers			
Print Name:	Signature:	Date:	

- ▶ Select Box if the transfer is for IDT or ICT purposes
- ▶ Description of transfer
- ▶ Project #
- ▶ Object #
- ▶ Amount
- ▶ Project Authorized Signer for debiting account
 - ▶ ***Requires 2 signatures if over \$5,000 and includes a PHIL project**

Email Foundation AR
foundationar@cpp.edu

Inter-Departmental Transaction (IDT) / Inter-Company Transaction (ICT)

06/08/2022

Prepared by: Jennifer Waggener Ext#: 3190
 Dept/Division: Kellogg West Date: 05/23/2022
 Posting Month: 05/2022 Form #: 519231
 Purpose/reason for the charges: Transforming Perspectives 052022



Section A: Account(s) to receive payment (Must be Foundation Acct) (CREDIT)			
Description (Attach a list if more space is needed)	Project	Object	Amount
Catertrax Order #12271	170120	5161	\$ 195.39
Please attach backup documents and send to department to be billed			Total: \$ 195.39
Project Authorized Signer			
Print Name: Toby Bushee	Signature: <u>Toby Bushee</u>	Date: 06/07/2022	

Section B: Account(s) to be charged (DEBIT)			
Please check box(es)	Foundation (IDT)	Philanthropic (ICT)	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Description (Attach a list if more space is needed)	Project	Object	Amount
Catertrax Order #12271	840241	7185	\$ 195.39
Please submit to Foundation, Building 55, A/R Department once completed			Total: \$ 195.39
<small>I/We certify that this interdepartmental transfer benefits the educational mission of the CSU and meet the policy requirements of the Education Code Section 89504.5, Section 9.2, Policy on Expenditure of Funds for CSU Auxiliary Organizations and is in compliance with the University Related Project Agreement. I/We also certify that the item(s) above has/have been received and/or service(s) has/have been performed to the satisfaction required, if applicable, and that the items and/or services are in compliance with the terms and conditions of the grant and/or contract, if applicable.</small>			
Project Authorized Signers (2nd signature required for amount over \$5,000 & if ICT is checked)			
Print Name: Alison Baski	Signature: <u>Alison Baski</u>	Date: 05/31/2022	
Project Authorized Signers			
Print Name:	Signature:	Date:	
Accounting Use Only:			
Internal Manager Approval:	Philanthropic Approval:		
Signature: <u>Debra Chavez</u> Date: 06/07/2022	Signature: <u>Douglas Nelson</u>	Date: 06/07/2022	
Vendor Number: F58237 (CPP Foundation)	Date:	Initials:	


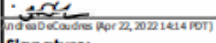
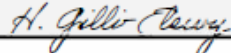


Chief Financial Officer

06/16/2022 gabby rodarte 06/16/2022

ICT Form Examples (Actual Charges)

- ▶ Actual Revenue & Expense charges
 - ▶ i.e. Revenue being received for services, catering etc.
 - ▶ Expense is recorded for services, catering, etc received.

05/09/2022

Inter-Departmental Transaction (IDT) / Inter-Company Transaction (ICT)			
Prepared by: <u>Samantha Chow</u>	Ext# <u>2913</u>	Click Here for help filling out this form. Click for form #	
Dept/Division: <u>Alumni Relations</u>	Date: <u>4/21/2022</u>		
Posting Month: <u>April 2022</u>	Form# <u>517693</u> 517693		
Purpose/reason for the charges:	2 Registrations from CEIS to Alumni Gala (\$100 each)		
Section A: Account (s) to receive payment (Must be Philanthropic Acct)			(CREDIT)
Description (Attach a list if more space is needed)	Project	Object	Amount
Dr. Hend Gilli-Elewy and Dr. Joanne Van Boxtel attending Alumni Gala on 4/30/2022	819350	5341	\$ 200.00
Please attach backup documents and send to department to be billed			Total: \$ 200.00
Project Authorized Signer Andrea DeCoudres Print Name:	 <small>(Ink on PDF of this form is required for all IDT/ICT forms)</small> Signature: _____ Date: <u>4/22/2022</u>		
Section B: Account (s) to be charged			(DEBIT)
Please checkbox(es)	<input type="checkbox"/> Foundation (ICT)	<input type="checkbox"/> Philanthropic (IDT)	
Description (Attach a list if more space is needed)	Project	Object	Amount
Dr. Hend Gilli-Elewy and Dr. Joanne Van Boxtel attending Alumni Gala on 4/30/2022	413560	7341	\$ 200.00
Please submit to Foundation, Building 55, A/R Department once completed			Total: \$ 200.00
<small>I/We certify that this interdepartmental transfer benefits the educational mission of the CSU and meet the policy requirements of the Education Code Section 89904.6, Section 9.2, Policy on Expenditure of Funds for CSU Auxiliary Organizations and is in compliance with the University Related Project Agreement. I/We also certify that the item(s) above shown have been received and/or service(s) has/have been performed to the satisfaction required, if applicable, and that the items and/or services are in compliance with the terms and conditions of the grant and/or contract, if applicable.</small>			
Project Authorized Signer - (2nd signature required if amount is over \$5,000 & IDT box is checked)			
Print Name: Dr. H. Gilli-Elewy	Signature: 	Date: _____	
Print Name: _____	Signature: _____	Date: _____	
Accounting Use Only:			
Internal Manager Approval:		Philanthropic Approval:	
Signature:  Date: <u>05/09/2022</u>	Signature: 	Date: _____	
Vendor Number: F69253 (PHIL Foundation)	Date: _____	Initials: _____	


05/11/2022


05/11/2022

ICT Form Examples (Transfer Object Codes)

- ▶ ICT Transfer Codes
 - ▶ 5341 & 7341 usage
 - ▶ *Must be used in pairs and never separate
- ▶ IDT Transfer Codes
 - ▶ 5348 & 7348 usage
 - ▶ *Must be used in pairs and never separate

Inter-Departmental Transaction (IDT) / Inter-Company Transaction (ICT)

Prepared by: S. Gilkinson Ext#: 2475
 Dept/Division: 45300 Date: 12/02/2021
 Posting Month: 11/2021 Form #: 513527



Purpose/reason for the charges: Adjust incorrect charges on Foundation P-card

Section A: Account(s) to receive payment (Must be Foundation Acct) (CREDIT)			
Description (Attach a list if more space is needed)	Project	Object	Amount
Five charges, \$149 each, should have been charged to 800610	009140	1120	\$ 745.00
Please attach backup documents and send to department to be billed			Total: \$ 745.00
Project Authorized Signer			
Print Name: Reza Lakeh	Signature: <i>Reza Lakeh</i>	Date: 12/06/2021	

Section B: Account(s) to be charged (DEBIT)			
Please check box(es)	Foundation (IDT)	Philanthropic (ICT)	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Description (Attach a list if more space is needed)	Project	Object	Amount
Five charges, \$149 each, charged to 009140 in error.	800610	7035	\$ 745.00
Students attending ASME 2021 IMECE Virtual Conference			
Please submit to Foundation, Building 55, A/R Department once completed			Total: \$ 745.00

I/We certify that this interdepartmental transfer benefits the educational mission of the CSU and meet the policy requirements of the Education Code Section 89944.6, Section 6.2, Policy on Expenditure of Funds for CSU Auxiliary Organizations and is in compliance with the University Related Project Agreement. I/We also certify that the item(s) above has/have been received and/or service(s) has/have been performed to the satisfaction required, if applicable, and that the items and/or services are in compliance with the terms and conditions of the grant and/or contract, if applicable.

Project Authorized Signers **(2nd signature required for amount over \$5,000 & if ICT is checked)**

Print Name: Alison Baski Signature: *Alison Baski* Date: 01/05/2022

Project Authorized Signers
 Print Name: Signature: Date:

Accounting Use Only:

Internal Manager Approval:	Philanthropic Approval:
Signature: <i>Joyce Haining</i> Date: 1/7/22	Signature: <i>Douglas Nelson</i> Date:

Vendor Number: F58237 (CPP Foundation) Date: Initials:

ICT Form Examples (Adjustment)

- ▶ ICT Adjustment transfer
 - ▶ i.e. initial charges were charged to the incorrect account #

Inter-Departmental Transaction (IDT) / Inter-Company Transaction (ICT)

Prepared by: Chitra Perera Ext# 4471 [Click Here for help filling out this form.](#)
 Dept/Division: CCHM Date: 12/16/2021 **2/14/2022**
 Posting Month: Dec-21 Form# 515381 [Click for form #](#)

Purpose/reason for the charges: Reimbursement for RKR Social Tables Subscription

Section A: Account (s) to receive payment (Must be Philanthropic Acct)			(CREDIT)
Description (Attach a list if more space is needed)	Project	Object	Amount
Social Tables Event Software Reimbursement - CCHM	819282	5841 7106	1655.56
<i>*Please attach backup documents and send to department to be billed*</i>			Total: \$ 1655.56

Project Authorized Signer
 Print Name: Daniel Montplaisir Signature: *Daniel Montplaisir* Date: 02/07/2022

Section B: Account (s) to be charged			(DEBIT)
Please checkbox(es)	<input checked="" type="checkbox"/> Foundation (ICT)	<input type="checkbox"/> Philanthropic (IDT)	
Description (Attach a list if more space is needed)	Project	Object	Amount
Social Tables Event Software Subscription Reimbursement - CCHM	374230	7341 7106	1655.56
<i>*Please submit to Foundation, Building 55, A/R Department once completed*</i>			Total: \$ 1655.56

I/We certify that this interdepartmental transfer benefits the educational mission of the CSU and meet the policy requirements of the Education Code Section 89904.6, Section 9.2, Policy on Expenditure of Funds for CSU Auxiliary Organizations and is in compliance with the University Related Project Agreement. I/We also certify that the item(s) above has/have been received and/or service(s) has/have been performed to the satisfaction required, if applicable, and that the item(s) and/or services are in compliance with the terms and conditions of the grant and/or contract, if applicable.

Project Authorized Signer - (2nd signature required if amount is over \$5,000 & IDT box is checked)

Michael Godfrey Signature: *[Signature]* Date: 12/16/2021
 Print Name: _____ Signature: _____ Date: _____

Accounting Use Only:

Internal Manager Approval:		Philanthropic Approval:	
<u>Alida Lam</u> Digitally signed by Alida Lam Date: 2022.02.14 14:18:44 -08'00'	Date: _____	Signature: _____	Date: _____
Vendor Number: <u>F49253 (PHIL Foundation)</u>	Date: _____	Initials: _____	

ICT Form Examples (Reimbursement)

- ▶ *Backup must include GL from where the charge initially was placed and original Invoice/receipt if available
- ▶ i.e. portion of expense is being transferred out as a reimbursement while the GL has the full initial charge from the same project & object.

Post Date	Sub-System	Secondary Reference	PEID	Description	Debits	Credits	Balance
819282	PR - V P UNIV ADV EXCELLENCE						
7106	SOFTWARE PURCHASES						
08/18/2021	AP	4110052557	F43618	Council for Opp SCL TBL5 SFTWR	4,966.69		4,966.69