

Policy for Student Athlete Cash Advances

1. A monthly advance is requested by an Athletic Department Coach or Staff member for per diem needs for a student athlete.
2. The advance will be paid from the Athletic Department Big Green Operating Account.
3. The students will sign the Student Group Meal Receipt form. This form is returned to the Business office after the competition / event has occurred.
4. The advances are settled within 30 days of the end of the month with the balance being returned and deposited into the same account of issue.
5. The advances are used to cover the following athletic related events:
 - a. Pre-Season Per Diem
 - b. Post Season Per Diem
 - c. Holiday Periods (Thanksgiving, Winter Break & Spring Break)
 - d. Per Diem related to travel for competition
 - e. Release money for a travel event or home game event.
 - f. Incidental funds allowed by the NCAA for Bowl games, exhibition travel or NCAA tournaments.
6. The amounts for per diem are as follows per day
 - a. Breakfast \$7
 - b. Lunch \$8
 - c. Dinner \$15
 - d. Release Money \$15
 - e. Incidental \$30
7. The activity would be as follows:
 - a. Football – July - May - up to 200 athletes & student managers
 - b. Men’s Basketball – October – March – up to 25 athletes & student managers
 - c. Volleyball – August – December up to 25 student athletes
 - d. W. Track – August – May up to 50 student athletes
 - e. Tennis – September – May – up to 10 student athletes
 - f. W Golf – September – May – up to 10 student athletes
 - g. Swimming – October – April – up to 35 student athletes
 - h. W. Basketball – October – March up to 25 student athletes & managers
 - i. Softball – January – May – up to 25 student athletes & managers
 - j. W. Soccer – August – December – up to 30 student athletes & managers
 - k. M. Cross Country – August – May – up to 15 student athletes
 - l. M Soccer - August – December – up to 30 student athletes & managers
 - m. M. Golf – August – May – up to 10 student athletes
 - n. Baseball – January – May - up to 40 student athletes & managers
 - o. Cheerleading – August – May – up to 30 student athletes



AGREEMENT

BOG-48 (Rev.11/2020)

Purchase Order #
BG1900684 co8

I, Big Green Scholarship Foundation, agree to perform
(Name and address)
 the following service(s) for Marshall University at Marshall University Department of Athletics
(Department and/or Location)
 To provide money necessary for per diem for home games and travel related to athletic competition along with
(Detailed description of services to be performed)
preseason, post season, and breaks

Date(s) of Service: from 7/1/2022 to 6/30/2023
 The rate of pay shall be Paid per Invoice not to exceed \$ 500,000.00 for
 the entire term of the contract.

NOTE: Any anticipated travel must be incorporated into the vendor's fee. No travel will be reimbursed by the State and is the sole responsibility of the vendor.

The following certification must be completed and signed if the vendor is a full-time employee of the State of West Virginia.

Please check the appropriate box below:


- I am **not** currently a full-time employee of the State of West Virginia;
- I am currently a full-time employee of the State of West Virginia (complete certification below).

It is hereby certified that the services to be performed under this agreement will not interfere with or detract from the full-time duties of the employee and the amount of annual compensation received by the above named vendor from the State of West Virginia for full-time employment during the current fiscal year will be \$ _____ . The vendor serves as _____
(Position)
 with the title of _____, certified by _____
(Supervisor's Signature)

GENERAL TERMS AND CONDITIONS: The General Terms and Conditions for a Purchase Order/Contract less than \$50K and over \$50K are located on Marshall's Office of Purchasing website. For purchases under \$50K use the terms located at https://www.marshall.edu/purchasing/files/MU-Terms-and-Conditions_Under-50000_10222020_rev-3.pdf and for purchases over \$50K use the terms located at <http://www.marshall.edu/purchasing/files/MU-Terms-and-Conditions.pdf>. The applicable terms are hereby made a part of this agreement and are specifically incorporated herein by reference. By signing this agreement, Vendor certifies that it has reviewed the applicable Terms and Conditions, fully understands them and agrees to be bound by their provisions.

NOTE: This form must be fully executed and approved prior to any work being performed.

APPROVED BY:

Agency: Marshall University

(Authorized Signature of Agency)
 Director of Purchasing / Chief Procurement Officer
(Title)
7/27/2022
(Date)

Vendor: Big Green Scholarship Foundation

(Vendor's Signature)
550631935
(Social Security or FEIN)
7/19/2022
(Date)

The essential services category includes **noncompetitive**, routine, and repetitive purchases. Please note that if ****terms and conditions are included** as a condition of sale, service, or purchase, they must be reviewed and approved by Purchasing prior to release. **Submit such orders on an electronic requisition** and forward the attachments to Purchasing for final processing. Departments may request payment of these goods and services via P-Card or an encumbrance document. Unless ***exempted (Cannot use departmental P-Card)**, the **Departmental P-Card** is the preferred method of payment. A Purchasing Affidavit must be completed by vendors on orders exceeding \$25,000

Essential services may include but are not necessarily limited to the following	
Contact the approving department with questions: Purchasing (P) or Accounts Payable (A)	
Service:	Approving Dept.:
• Accreditation fees and site visit costs	A
• Advertising	P
• Association dues	A
• **Athletic and Academic team travel and related expenses	A
• Attorney Fees (Legal appointment by Deputy Attorney General)	P
• Books and related items, including those for libraries and Bookstores	P
• Cash advances	A
• Contracts for performing artists, entertainers and speakers with approved terms and conditions and <u>signed purchase order</u> . This includes others who are charging <i>travel expenses only</i> for their services;	P
• Credit card fees and related expenses	A
• Employee travel, subsistence, and other reimbursement	A
• Equipment maintenance contracts with approved terms and conditions and <u>signed purchase order</u>	P
• Federal, state, county, and municipal fees and assessments	A
• Hospitality expenses; Form MUBOG 3.0 is required	A
• Insurance premiums (after BRIM approval)	A
• Inter-library loan charges with <u>signed purchase order</u> or approved terms & conditions	A
• Inter/intra-institutional charges and fund transfers	A
• License fees of all types with <u>signed purchase order</u> if terms and conditions exist	P
• Medical and doctor's fees, prescriptions, drugs, medical sundries, fees for human subjects, medical studies, tests, x-rays, CAT Scans, MRIs and emergency medical procedures and test of all types	A
• Standardized Patients (employees and students, ALL)	A
• Motor vehicle and aircraft fuel	A
• Postage	A
• Shipping, handling, and freight charges	P
• Refunds	A
• Registration and tuition fees, and refunds thereof; professional dues; etc. (Note: registration fees for conferences are part of travel)	A
• Resale merchandise, sundries, food, related items used by auxiliary services	P
• ROTC uniform item	A
• Software less than \$5,000 (SHRINKWRAP/UNOPENED)	A
• Agreements with approved terms and conditions and <u>signed purchase order</u> . Software exceeding \$5,000 is inventoried and must be procured through the University's asset management system	P
• Student awards, scholarships, stipends, loans, and grants of all types	A
• Subscriptions to newspaper, periodicals, and publications not software services	P
• Temporary space rental agreements (no terms and conditions)	P
• Utilities of all types, including cable TV and connections and disconnections/regulated by public authority	A

1 of 1 | [View All](#) Some of the values entered as Search Criteria for UI secured field ...

Vendor/Customer

[Menu](#)

Vendor/Customer	Legal Name	Alias/DBA	Vendor Active Status	Customer Active Status	Previous Name
✓ 000000204741	BIG GREEN SCHOLARSHIP FOUNDATION INC		Active	Inactive	

From 1 to 1 of 1 First Prev Next Last [Attachments](#)

Save [Undo](#) Delete Insert [Copy](#) Paste [Search](#)

▼ General Info

Vendor/Customer : 000000204741	Restrict Use by Department : <input type="checkbox"/>
Legal Name : BIG GREEN SCHOLARSHIP	Miscellaneous Account : <input type="checkbox"/>
Alias/DBA :	Internal Account : <input type="checkbox"/>
Vendor Active Status : Active <input type="checkbox"/>	Third Party Only : <input type="checkbox"/>
Vendor Approval Status : Complete	Third Party Vendor : <input type="checkbox"/>
Customer Active Status : Inactive <input type="checkbox"/>	Third Party Customer : <input type="checkbox"/>
Customer Approval Status : Incomplete	Inventory Customer : <input type="checkbox"/>
Location Name :	Healthcare Provider : <input type="checkbox"/>
First Name :	Never Archive : <input type="checkbox"/>
Middle Name :	Restrict VSS Access : No <input type="checkbox"/>
Last Name :	Discontinue - No New Business : <input type="checkbox"/>
Company Name : BIG GREEN SCHOLARSHIP	Prevent MA Reference : <input type="checkbox"/>
Previous Name :	PunchOut Enabled : <input type="checkbox"/>
Previous Street :	Re-PunchOut Enabled : <input type="checkbox"/>
Previous City :	Electronic Order Enabled : <input type="checkbox"/>
Previous State/Province :	W-9 Received : <input type="checkbox"/>
Previous Country :	W-9 Received Date : <input type="checkbox"/>
	W-8 Received : <input type="checkbox"/>
	W-8 Received Date : <input type="checkbox"/>
	Accepts Credit Cards : <input type="checkbox"/>
	Active From : 01/01/1999 <input type="checkbox"/>
	Active To : <input type="checkbox"/>
	Last Usage Date : 06/17/2022 <input type="checkbox"/>
	Department :
	Unit :

▼ Headquarters


Headquarters Account : Yes	Web Address http:// :
Headquarters Account Code : 000000204741	Catalog DUNS :
Headquarters Account Legal Name : BIG GREEN SCHOLARSHIP	Catalog Extended DUNS :
Franchise Account : <input type="checkbox"/>	Catalog Unique Entity Identifier :
	Taxpayer ID Number : *****1935
	Taxpayer ID Number Type : EIN <input type="checkbox"/>

▼ Organization

Organization Type : Company <input type="checkbox"/>	1099 Indicator : No
1099 Classification : Corporation <input type="checkbox"/>	1042-S Indicator :
1042-S Ch. 3 Recipient Code :	Taxpayer ID Number : 550631935
1042-S Ch. 4 Status Code :	Taxpayer ID Number Type : EIN <input type="checkbox"/>
Number of Employees : <input type="checkbox"/>	Detailed TIN Type :
Merchant ID :	Foreign Tax ID :
Sex : <input type="checkbox"/>	GIIN :
Date of Birth :	1042-S Recipient Account Number :
Marital Status : <input type="checkbox"/>	W-8 Form : <input type="checkbox"/>
Annual Income : <input type="checkbox"/>	Tax Profile : NOTAX
IRS Country of Residence :	Tax Profile Name : No Tax
IRS Country Sub Code :	EBIC Number :
Contract Withholding Exempt : <input type="checkbox"/>	IAEC Number :
National Provider ID :	Web Address http:// :
Assigning Authority :	Employee ID :
CAGE Code :	Employee Status : <input type="checkbox"/>
Permanent Staffed Office in State : <input type="checkbox"/>	Supplier Shared Secret :

▼ Disbursement Options

Category :	Hold Payment : <input type="checkbox"/>
Description :	Hold Payment Authorized By :
Default Type : Check	Hold Payment Authorized On :
Default Priority : 99	Hold Reason :

Default Format : REG 


Default Format Description :


Scheduled Payment Day :

Single Payment Indicator :

Name on Check : Legal Name

Eligible for VCA Payments :

VCA Effective From Date : 

VCA Effective To Date : 


VCA Primary Email :

VCA Secondary Email :


VCA Comments :

Prevent New Spending :

Prevent New Orders : For All Departments

Third Party Code : 


Third Party Name :

Third Party Approved By : 

Third Party Approved On :

Third Party Reason :

Always Infer Third Party Vendor :

Third Party Address ID : 

▼ Prenote/EFT

Generate EFT Payment :

ABA Number : 

Bank Name :

Account Type :

Account Number :

Routing ID Number :

Bank Phone Number :

Prenote Requested Date :

Prenote Return Reason : 

Prenote Return Reason Message :

Foreign Correspondent Bank Name :

Foreign Correspondent Bank Branch Country Code :

Account Number Linkage to Provider Identifier :

Reason for Submission :

EFT Format : 

EFT Format Description :

EFT Status :

Last Status Change :

EFT Status Description :

Prenote Return Reason Explanation :

W-9 Mailing Date : 05/19/2000

W-9 Response Date : 07/06/2001

▼ Remittance Advice

Remittance Advice Required :

Remittance Advice Format : 

Remittance Advice Format Description :

Remittance Advice Transmission Mode :

▼ Vendor Terms

Number of Days 1 :

Discount Percent 1 :

Discount Always 1 :

Number of Days 2 :

Discount Percent 2 :

Discount Always 2 :

Number of Days 3 :

Discount Percent 3 :

Discount Always 3 :


Number of Days 4 :

Discount Percent 4 :

Discount Always 4 :

▼ Accounts Receivable

Default Receipt Type :

Default Billing Profile : 

Cost Accounting Funding Type :

Credit/Debit Card Type :

Credit/Debit Card Number :


Name on Card :

Credit/Debit Card Expiration Month :


Credit/Debit Card Expiration Year :

Bill Headquarters :

Bankruptcy :

Central Statement BPRO : 

Central Statement Billing Location :

Central Statement Address ID : 

Suppress Central Statement :

Suppress Central Past Due Statement :

▼ eMALL

DUNS : 014518984

Extended DUNS :

Unique Entity Identifier :

Internet Catalog :

VSS Registered :

Preferred Ordering Method :

Pcard Acceptance Level :

Create Certification Document :

Vendor Preference Level : 99

▼ Location Information

Verify My Locations by : Create My Own

Vendor Verification Based On : Migrated vendor accounts ha

Vendor Verification Password :

Send Activation Code :

Activation Email Address :

Activation Code :

Confirm Activation Code :

