



Kremen School of Education and Human Development

Mentor Teacher Class Reimbursement Application Instructions and Checklist

INSTRUCTIONS

- 1) Please be sure to fill out the Mentor Teacher Reimbursement application, payee data record and invoice COMPLETELY,
2) Sign the invoice and complete the payee data record,
3) Return to the address provided along with your original payment documentation (receipt) and proof of course completion (unofficial transcript printout).

Applications are only being accepted for courses taken at Fresno State while serving as a Mentor Teacher, or during the two-year period immediately thereafter. All class reimbursements are good for partial reimbursement towards one 3-4 unit course per semester (with a maximum value of \$450.00). Funds are awarded retroactively; the application MUST include the original proof of payment (receipt or cancelled check) in order to be processed.

Questions? Please contact The Office of Clinical Practice at (559) 278-0315 or ocp@csufresno.edu

APPLICATION http://fresnostate.edu/kremen/applications/forms.html

CHECKLIST

Table with 2 columns: checkbox, description. Rows include: Class Reimbursement Application Form, Invoice, Payee Data Record, Original Receipt or Account Summary, Proof of Course Completion.

MAIL COMPLETED APPLICATION TO:

California State University, Fresno
Kremen School of Education & Human Development
ATTENTION: Office of Clinical practice
5005 N. Maple Ave. M/S ED2
Fresno, CA 93740-8025



**Kremen School of Education
and Human Development**

Mentor Teacher Class Reimbursement Program

Please print clearly

MENTOR TEACHER INFORMATION

Name of Mentor Teacher: _____

Student ID#: _____

Home Address: _____

City/State Zip: _____

Telephone Number: _____

Email Address: _____

Single Subject _____ Multiple Subject _____ Special Education _____

SCHOOL INFORMATION

Current School Site: _____

Address of Current School: _____

City/State/Zip: _____

School Telephone Number: _____

PROGRAM INFORMATION

Please list the teacher candidate you supervised in your classroom.

Name of Teacher Candidate: _____

When did you have this student teacher in your classroom? Semester/Year _____

School Site/District: _____

Please check the course in which he/she was or is enrolled.

Phase I (EHD 174, 174ECE) _____ SPED M/M Initial 171 _____ SS EHD 155A Initial _____

Phase II (EHD 178, 178ECE, 110D) _____ SPED M/S Initial 172 _____ SS EHD 155B Final _____

Phase III Final (EHD 170, 170ECE, 160A, 160B) _____ SPED M/M Final 175 _____

SPED M/S Final 176 _____

Please indicate the year you last attended a Fresno State Mentor Teacher Training Conference: _____

COURSE REIMBURSEMENT INFORMATION

Name of Completed Course: _____

Course Number: _____ Units: _____ Tuition Fees: _____

Semester: _____ Year: _____

Name of Instructor: _____

INVOICE

TO: CALIFORNIA STATE UNIVERSITY, FRESNO
ACCOUNTING OFFICE
5150 NORTH MAPLE AVENUE M/S JA 58
FRESNO, CA 93740-8026

Date: _____

FROM: _____
(NAME) (Please Print)

(STREET)

(CITY) (STATE) (ZIP)

(PURCHASE ORDER NUMBER, if available)

Date(s) of Service _____

Description of Service Provided

	<u>AMOUNT</u>
<u>Master/Cooperating Teacher Reimbursement for one</u>	<u>450.00</u>
<u>3-4 unit course (maximum value \$450)</u>	_____
<u>Semester/Year</u>	_____
_____	_____
_____	_____
TOTAL	<u>450.00</u>

CERTIFICATION:

I CERTIFY THAT THIS IS A TRUE AND JUST INVOICE FOR WHICH PAYMENT HAS NOT BEEN RECEIVED.

PAYEE'S SIGNATURE

State of California
PAYEE DATA RECORD

Payee#

↑ California State University, Fresno Use Only ↑

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (REV. 7-04)

NOTE: Governmental entities, federal, state, and local (including public school districts) are not required to submit this form.

1 PLEASE RETURN TO: → → → →	DEPARTMENT/OFFICE CALIFORNIA STATE UNIVERSITY, FRESNO		PURPOSE: Information contained in this form will be used by state agencies to prepare information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. <i>(See Privacy Statement on reverse)</i>
	STREET ADDRESS 5150 N MAPLE AE M/S JA58		
	CITY, STATE, ZIP CODE FRESNO CA 93740-8026		
	TELEPHONE NUMBER 559-278-6810	FAX NUMBER 559-278-6943	

2	PAYEE'S BUSINESS NAME (Type or Print)		Payee PHONE NUMBER
	SOLE PROPRIETOR - ENTER OWNER'S FULL NAME HERE (Last, First, M.I.)		
	MAILING ADDRESS (Number and Street or P.O. Box #)		
	(City, State, and Zip Code)		*EMAIL ADDRESS

3 PAYEE ENTITY TYPE	<input type="checkbox"/> MEDICAL CORPORATION (Including dentistry, Podiatry, psychotherapy, optometry, chiropractic, etc.)	<input type="checkbox"/> ESTATE OR TRUST	NOTE - Government entities - CSU Fresno employees are <u>not</u> required to submit this form
	<input type="checkbox"/> EXEMPT CORPORATION (Nonprofit)	<input type="checkbox"/> PARTNERSHIP	
	<input type="checkbox"/> ALL OTHER CORPORATIONS	<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR (Must provide Social Security #)	
	<input type="checkbox"/> LEGAL (e.g., attorney services)		

4 PAYEE'S TAXPAYER I.D. NUMBER	SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF REVENUE AND TAXATION CODE SECTION 18646 (See reverse)		NOTE Payment will not be processed without an accompanying taxpayer I.D. number.
	FEDERAL EMPLOYERS IDENTIFICATION (FEIN)	SOCIAL SECURITY NUMBER / ITIN	
	IF PAYEE ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER FEIN.	IF PAYEE ENTITY TYPE IS INDIVIDUAL OR SOLE PROPRIETOR, ENTER SSN. ITIN/ SSN IF RESIDENT OF FOREIGN COUNTRY	

5 PAYEE RESIDENCY DECLARATION For Tax Purposes	Federal Income Tax Withholding Status (Applies to Individuals Only): I Am A US Citizen OR I Am A Permanent Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No *If No box is checked, email address is required. See number 2 above.	NOTE: Prior to making payments to foreign citizens United States tax laws require all employers to perform a tax analysis with respect to country of citizenship to determine residency for Federal tax purposes. (Please See reverse)
	California State Tax Withholding Status (Applies to All Vendors): <input type="checkbox"/> California Resident Qualified to do business in CA or have a permanent place of business in CA. <input type="checkbox"/> California Nonresident (See Reverse). Payments to CA nonresidents may be subject to state taxes. <input type="checkbox"/> Waiver of state tax withholding from California Franchise Tax Board attached <input type="checkbox"/> Services performed OUTSIDE of California.	

6 CERTIFYING SIGNATURE	I hereby certify under penalty of perjury under the laws of the State of California that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.		
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (PRINT)	TITLE	
SIGNATURE	DATE	TELEPHONE NUMBER	

ARE YOU A RESIDENT OR NONRESIDENT?

Each corporation, individual/sole proprietor, partnership, estate, or trust doing business with the State of California must indicate residency status along with their vendor identification number.

A **corporation** if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For individual/sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a nonresident.

For withholding purposes, a **partnership** is considered a resident partnership if it has a permanent place of business in California. An estate is considered a California estate if the decedent was a California resident at the time of death and a trust is considered a California trust if at least one trustee is a California resident.

More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

U.S. (Toll-Free), call 1-888-792-4900
Phone, call 1-916-845-4900
For hearing impaired with TDD, call 1-800-822-6268
E-mail Address: wscs.gen@fb.ca.gov
Website: www.fb.ca.gov

ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to nonresident payees including corporations, individuals, partnerships, estates and trusts are subject to income tax withholding. Nonresident payees performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no California tax withholding is required if total payments to the vendor are \$1,500 or less for the calendar year.

A nonresident payee may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address below. A waiver will generally be granted when a payee has a history of filing California returns and making timely estimated payments. If the payee activity is carried on outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:

Franchise Tax Board
Withhold at Source Unit
Attention: State Agency Withholding Coordinator
P.O. Box 651
Sacramento, CA 95812-0651
Telephone: (916) 845-4900
Fax: (916) 845-9512

If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.

FOREIGN CITIZENS and FOREIGN BUSINESSES

Federal tax withholding regulations differ significantly from California tax withholding requirements. A tax analysis consultation and additional forms must be completed before a payment can be released.

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State must provide their Taxpayer Identification Number (TIN) as required by Revenue and Taxation Code Section 18646, to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by Internal Revenue Code Section 6109(a). The TIN for individuals and sole proprietorships is their Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in section 1.