

Payment Instructions for Columbia University-Affiliated Licensees

Columbia University-affiliated licensees must pay via University Internal Transfer Chartstring. Please provide chartstring information in the format below, making sure your chartstring is complete.

CHARTSTRING: _____
FORMAT: BUSINESS UNIT-DEPT-PROJECT-ACTIVITY-INITIATIVE-SEGMENT
SAMPLE: COLUM-1620105-GENRL-UR005965-01-00000-00000000

Please be aware that your chartstring will be billed as follows:

If your group’s Check-in date is before July 1, 2026 but your Check-out is date after July 1, 2026: The charge for the Total Reservation will go through on your chartstring in two portions. The initial charge will go through during the first week of July, and will cover the portion of the Total Reservation through June 30, 2026. The second charge will go through after Check-Out, and will cover the portion of the Total Reservation from July 1, 2026 to the Check-out date.

If your group’s Check-in date is July 1, 2026 or later: The charge for the Total Reservation will go through on your chartstring after July 1, 2026.

FOR LICENSEES RELYING IN WHOLE OR IN PART ON FUNDING BY A GRANT:

Please provide the two documents listed below:

- 1) a completed Grant Authorization Form (next page); and
- 2) a copy of the budget from the granting organization indicating that the charges are allowed.

Please be aware that the department remains responsible for any portion of the Total Reservation charges that do not meet grant criteria. To ensure that any such costs are covered, the department must also provide an unrestricted chartstring below; please be sure your chartstring is complete:

GRANT CHARTSTRING: _____

UNRESTRICTED CHARTSTRING: _____

FORMAT: BUSINESS UNIT-DEPT-PROJECT-ACTIVITY-INITIATIVE-SEGMENT
GRANT CHARTSTRING SAMPLE: COLUM-1620102-SPONS-GG002345-01-00000-00000000
UNRESTRICTED CHARTSTRING SAMPLE: COLUM-1620105-GENRL-UR005965-01-00000-00000000

INTERDEPARTMENTAL INVOICE GRANT AUTHORIZATION FORM

I, _____ from _____,
authorize _____, to charge invoice #(s) _____ in

the amount of \$ _____ to the following Chart String:

ARC-Dept. # _____ ARC-Project # _____ ARC-Activity # _____

ARC-Initiative # _____ ARC-Segment # _____

Justification for Service(s):

***Please include copy of detailed budget justification from proposal**

By signing off on this form, you are acknowledging that you have received approval from the Principal Investigator and that the charge(s) requested is (are) allocable, allowable, consistent and in compliance with spending terms and conditions of the sponsor.

Departmental Administrator Name: _____ Phone: _____

Signature: _____ Date: _____

Email: _____

Sponsored Projects Finance and Compliance Manager _____

In the event the charge(s) are not allowed on the grant, department is requested to furnish a Guaranteed Non-sponsored chartstring to the Service Provider;

ARC-Dept. # _____ ARC-Project # _____ ARC-Activity # _____

ARC-Initiative # _____ ARC-Segment # _____