

Internal Operations Manual

SUBJECT: Requesting Blank Revolving Fund Checks

NUMBER: 107-03-090

DIVISION: Operations Division
Office of Business Administration

EFFECTIVE DATE: 08-20-01

APPROVED: Signature on file with Office of Business Administration

POLICY/ PURPOSE: The purpose of this policy is to provide the procedure for requesting authority to write checks on the Revolving Fund Account, and documenting and tracking the checks and expenditures for which the checks were written.

APPLICABILITY: All divisions requesting the authority to write checks on the Department of Administrative Services (DAS) Revolving Fund Account.

ATTACHMENTS Exhibit A: Revolving Fund Reimbursement Form
Exhibit B: Blank Checks Received Register

DEFINITIONS: Exhibit C: Signature Authority Form

GUIDELINES:

- I. The maximum number of checks a division may request and receive at one time is twenty-five checks.
- II. The maximum amount to be expended by each division is \$500 per month.
- III. Blank checks must be picked up at the Office of Business Administration. They are not to be mailed or sent shuttle.
- IV. Use of checks is to be limited to the payment of purchases, or type of purchases, listed in the original memo request.
- V. Agency will provide a properly authorized Revolving Fund Reimbursement form (see Exhibit A) for each batch of checks they request.
- VI. All employees authorized to sign checks will submit a completed Signature Authorization form to the OBA Office Specialist 2. These forms will be kept on file with other documentation for the Revolving Fund activity (Exhibit C).

PROCEDURES:

<u>Step</u>	<u>Responsible Party</u>	<u>Action</u>
1.	Requesting Agency	Sends a memo to the Administrator of OBA asking permission to write checks on the Revolving Fund Account. This memo will state the reason for the request, what will be purchased and paid for by the checks, and how many checks are needed. The request is to be signed by the person with signature authority who will be signing the checks.

- 2. OBA Office Specialist 2 Records the series of check numbers given to the Requesting Division in the Revolving Fund checkbook and *Blank Checks Received* register. Provides copy of the Blank Revolving Fund Check policy and necessary forms to person who will be writing the checks.
- 3. Agency Representative, Requesting Division Signs the *Blank Checks Received* register to verify the number of checks and check numbers given to agency (Exhibit B).
- 4. Requesting Division Maintains a Revolving Fund Reimbursement register for the number of checks received and written using an Excel spreadsheet. The check register will have columns for Date, Payee, Check Number, Agency PCA and Object Code. The register will also state the name of the person responsible for maintaining the register (Exhibit A).

Reporting Requirements

- 5. Requesting Division
 - 1) By the 12th of each month, will send copies of the current Excel Revolving Fund Reimbursement form to OBA.
 - a. One copy to the OBA Office Specialist 2, Administration Section
 - b. One copy to the Reconciliation Accountant 2, Accounting Section
 - 2) Provides copy of all documentation for the current month to the Reconciliation Accountant 2.
- 6. OBA Office Specialist 2 Provides copy of all documentation for the current month to the Reconciliation Accountant 2.
- 7. OBA Office Specialist 2 The OBA Office Specialist 2 requests reimbursement to the Revolving Fund Account from the Accounting Technician 2.

REVOLVING FUND REIMBURSEMENT

TO: Office of Business Administration
Dept. of Administrative Services
155 Cottage Street NE U90
Salem, OR 97301-3972

Date: _____

Please request reimbursement to the Revolving Fund Account for the checks written by Surplus and entered below:

Entered by: _____

Month: _____

No.	Date	Payee	Check #	Amount	PCA	Obj. Code
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Please send completed form to OBA by the 12th of each month.

Include photocopies of each check.

Indicate the quantity of blank checks needed at this time (*Not to exceed 25*): _____ Total Number

Approved by: _____

Date: _____

BLANK CHECKS RECEIVED

Date	First Check #	Last Check #	Received By	
			Signature	Printed Name

SIGNATURE AUTHORIZATION

DATE: (Current Date)

TO: (Name) Accounting Services Manager
Office of Business Administration

FROM: (Name, Title)
(Division)

SUBJECT: Signature Authority for (Name, position, Section)

(Name) has the authority to commit and disburse funds for the (Division, Section), in the capacity specified below.
The individual's signature is:

SIGNATURE: _____ **INITIALS** _____

Authority extended	Level of authorization	Type of Authorization Limits
Yes <input type="checkbox"/> No <input type="checkbox"/>	Division-wide <input type="checkbox"/> Section only <input type="checkbox"/>	Appointing Authority (limited to Division Administrator only)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Division-wide <input type="checkbox"/> Section only <input type="checkbox"/>	Personal Service Agreements/Contracts (check one): <input type="checkbox"/> ≤ \$5,000 <input type="checkbox"/> ≤ \$50,000 <input type="checkbox"/> ≥ \$50,000
Yes <input type="checkbox"/> No <input type="checkbox"/>	Division-wide <input type="checkbox"/> Section only <input type="checkbox"/>	Maintenance Agreements (check one): <input type="checkbox"/> ≤ \$1,000 <input type="checkbox"/> ≥ \$1,000
Yes <input type="checkbox"/> No <input type="checkbox"/>	Division-wide <input type="checkbox"/> Section only <input type="checkbox"/>	Purchase Orders -- including Boise Cascade orders or orders from other divisions in state government (check one): <input type="checkbox"/> ≤ \$1,000 <input type="checkbox"/> ≤ \$5,000 <input type="checkbox"/> ≤ \$10,000 <input type="checkbox"/> ≤ \$50,000 <input type="checkbox"/> ≤ \$100,000 <input type="checkbox"/> ≥ \$100,000
Yes <input type="checkbox"/> No <input type="checkbox"/>	Division-wide <input type="checkbox"/> Section only <input type="checkbox"/>	Invoices (check one): <input type="checkbox"/> ≤ \$1,000 <input type="checkbox"/> ≤ \$5,000 <input type="checkbox"/> ≤ \$10,000 <input type="checkbox"/> ≤ \$50,000 <input type="checkbox"/> ≤ \$100,000 <input type="checkbox"/> ≥ \$100,000
Yes <input type="checkbox"/> No <input type="checkbox"/>	Division-wide <input type="checkbox"/> Section only <input type="checkbox"/>	Petty Cash: < \$250
Yes <input type="checkbox"/> No <input type="checkbox"/>	Division-wide <input type="checkbox"/> Section only <input type="checkbox"/>	Travel Expense Detail (check one or both): <input type="checkbox"/> In-state <input type="checkbox"/> Out-of-state (if travel advance approved by CIO)
Yes <input type="checkbox"/>	Division-wide <input type="checkbox"/>	Other (please specify):
Yes <input type="checkbox"/> No <input type="checkbox"/>	Division-wide <input type="checkbox"/> Section only <input type="checkbox"/>	<input type="checkbox"/> Electronic Travel Reservations through State Contractor <input type="checkbox"/> Electronic Purchases of Office Products through State Contractor