

Welcome to P-Card 101

Why do we have them:

To more efficiently pay for necessary goods and services and to reduce the costs associated with procurement, DBH will use Purchasing Cards (P-Cards) to make payment on purchases as necessary. The use of (P-Cards) will also reduce the need for employees to use their own resources to purchase items for DBH.

Policy Guidelines:

1. The P-Card may be used to purchase from any State Contract (Vendor). PCard purchases must be made in accordance with the DBH procurement policy if the purchase is not from a State Contract (Vendor). Examples of purchases that may be made with a P-Card are: subscriptions, seminars, books, video tapes, activities and entertainment.
2. The P-Card may not be used for the following purchases:
 - a. Any merchant, product, or service normally considered to be an inappropriate use of State funds.
 - b. Personal items.
 - c. Any items that are subject to the centralized procurement procedure, unless the P-Card holder is the centralized procurement agent.
 - d. Purchases above the P-Card's credit limit
3. P-Cards will be issued with the approval of the Chief Financial Officer, upon written request from a Program Director. The Program Director's request shall include the following:
 - a. The employee's name
 - b. The program the charges are to be billed to
 - c. The reason the employee needs a P-Card
 - d. The recommended amount of credit available to the employee.
 - e. Prior to being issued the P-Card, the employee must sign an acknowledgement that they have read and understand the DBH Procurement Policy.
4. Each transaction must be supported by an itemized receipt and documented on a DBH Budget Action Form and meet the requirements of the procurement policy and procedures.
- 5 The P-Card holder will be mailed a monthly statement identifying all transactions charged to the card during the previous monthly billing cycle. The original statement should be attached to the original receipt and budget action form for each transaction. The receipts must be the original with the full details of the transaction listed. These documents must be approved by the

cardholder's supervisor and forwarded to the accounts payable technician responsible for P-Card transactions within 3 working days of the cardholder receiving the mailed statement. A copy of the statement and Log should be retained by the cardholder until the next billing cycle as backup for the original documentation.

Codes:

- 52400: Program Meals. This is for when you have a meal for the entire group.
- 52201: Therapeutic Incentives: This is for when the client is being rewarded for something, candy, toys or a trip to McDonalds for an ice cream.
- 52202: Therapeutic Supplies, this is for things like workbooks, craft supply's
- 52200: Activities: This is for movies, bowling or other activities.

Make sure you follow these:

1. All receipts must have client **name** and **#** on the receipt or the name of the group it was used for collectively
2. Receipts must be **itemized** and showing the **tax** amount on each one
3. If you loose receipts I can no longer make one up.
4. If you loose receipts, go back and see if you can get a duplicate
5. If you loose the receipt and it is on your p-card the amount will now be deducted from your mileage reimbursement or payroll
6. Always use centralized purchasing for your items when possible – plan ahead
7. Report lost p-cards immediately
8. All purchases must be cleared with Richard prior to purchasing, if I am not around or out, please ask Marty. Except skill specialists (you have other rules you follow)
9. Please give BAF to program person tracking the monthly budget, have them put the word "posted" on the form after they enter it on their spread sheet, so I know it is recorded.
10. Please turn in reconciliation report with receipts and BAF ASAP after you get it, do not wait until the date it is due on the form, I have to go through these before they are submitted to finance.

DBH gets reimbursed for sales tax form the State of Utah. When we do not have the tax noted on the receipt then we can not justify being reimbursed for the tax and it also means that our programs have less money to spend in our budgets.

Thanks for all your understanding and cooperation ahead of time.

PURCHASE ORDER/BUDGET ACTION FORM

FISCAL YEAR 2009

① - This is who we are paying!

Not who is filling out this form!

VENDOR/EMPLOYEE NAME:

PO #

#1 Centralized Purchase

Yes No

#3 State Contract

Yes No

- Cleaning Supplies (Ler Gifford)
- Food (Doug Broadbent)
- Furniture/Equip/Maint/Maint Supplies (Don McKimmon)
- Information systems (Don McKimmon)
- Institutional/Off-panel (Kay Johnson)
- Office supplies (Diane Johnson)
- Professional Services (Harold L. Morrill)
- Testing/Evaluation supplies (Virgil Keate)
- Training/Out of Area Travel (Tim London)

#4 Purchase Thresholds*

- Purchase < \$1,000 Estimated cost:
- Purchase between \$1,000-\$5,000 Lowest bid:
telephone bids must be attached unless using State approved source.
- Purchase between \$5,000-\$50,000 Lowest bid:
written bids must be attached unless using State approved source.
- Purchase > \$50,000 and higher Accepted bid:
request. Contact purchasing to arrange.

Signature of purchaser

Date

#2 Program Request

FUND: (X)

<input checked="" type="checkbox"/> DBH Behavioral Health, Inc	800
<input type="checkbox"/> DBH Properties, LLC	600

Always DBH Expense

PROGRAM (X):

Administration (Exec, HR)	910	Leased Apartments	985
Adult MH Outpatient	201	Information Systems	911
Adult SA Intensive Outpatient	410	Legal	912
Adult SA Outpatient	401	Maintenance	824
ATU	700	PROS	230
Client Residential Apartments	700	Quest Day Treatment	310
Clinical Support	821	Reconnecting Youth	311
Consonium IT	600	Recovery Clinic	350
CRU	700	RSAT	430
Davocast	700	School Based Services	723
DBH Properties	981	Suicide Prevention	722
DEO	400	<input checked="" type="checkbox"/> Vision	326
Family Advocates	450	WRC	423
Finance (CFO, AP, AR)	913	<input checked="" type="checkbox"/> Youth MH Outpatient	301
General Prevention	710	Youth SA Outpatient	509
Governor's Discretionary Fund	721	Wellness Clinic	

Simply mark your program

ACCOUNT TO EXPENSE **

<input checked="" type="checkbox"/> P-CARD PURCHASE		Equipment Lease	51106
Split 9-1		Furniture/Equip Under \$2,000 (chairs, tables, tools)	51104
Split 9-1-1		Fund Raising Expense	53600
Split 4-even		Greenhouse Supplies	51109
<input checked="" type="checkbox"/> Activities (bowling, gym, etc.)	52200	Help Wanted	53101
Advertising	53100	Info Services Chems	52003
Audit Fees	51802	Local Fees	51803
BCI Checks/Employee Labs	53102	Meals Administrative (Banquet, Board, etc.)	52403
Bids Supplies & Maint repairs, tower, seat	51105	<input checked="" type="checkbox"/> Program Food	52400
Building Fees	50000	Meals Purchased Through Food Service	52401
Cell Phones	51404	Medical Supplies (band, stethoscope, aspirin, etc.)	52002
Client travel expense	52705	Pharmaceuticals	53500
Collection Expense	51808	Office Expense (paper, pens, etc.)	51803
Computer purchase < \$2,000	51100	Pharmacy - Client Meals	52001
Computer/peripheral supplies & repair	51100	Printing and Reproduction	51004
Consonium DBH % of Expenses	51808	Professional Services (interpreters, class teachers)	51801
Consonium Other Expenses	51805	Property Tax	53450
Consonium Personnel Expenses	51811	Reference Materials (library, additions)	51802
Consonium Professional Fees	51805	Rent - Client Apartments MEI	51901
Contractual (non-professional contracts, postage)	51800	Sales Tax	10611
Direct Days	52404	Software Maintenance Expense	51812
Donation/Contribution	53850	Spent Down	52004
Dues & Licenses (DOPL, licenses, assoc dues)	51001	Subscriptions & Memberships (magazines, etc.)	51000
Employee benefit	50400	Temporary Contract Labor	51004
Employee incentive	52405	Utility Supplies	52000
Employer Appreciation Day	52405	Therapeutic Incentives (toy, card, etc.)	52201
Events & Furniture Cover \$2000	?	<input checked="" type="checkbox"/> Therapeutic Supplies (workbook, craft supplies, etc.)	52202
Equipment, supplies & maintenance (Maintenance)	51103	Vendor Maint/Fuel	51103

⑤ Expense code

ACTUAL COST (APPROVED AGAINST BUDGET)

⑥ total

⑦ Supervisor Signature

Signature - Program Coordinator or Designee

Date

*Attachments for each source attached if applicable.

**All expenditures for individual clients, including food and activities, must include the client name and ID #.

*** All requests for supplies & reimbursements must include cash register receipts.

PLEASE SEE PROCUREMENT POLICY FOR DETAILED EXPLANATION

⑧ client name & P# & description