



Texas Southmost College
TRADITION • INNOVATION • OPPORTUNITY

Purchasing and Accounts Payable Staff Training Presentation

Presentation Content

- I. Introduction
- II. Initiation of Purchasing
- III. Budget Availability
- IV. Purchasing Guidelines and Bid Requirements
- V. Purchase Order
- VI. Receiving
- VII. Payment
- VIII. Travel
- IX. Office Locations



Introduction



Purchasing Authority

Purchasing and Bidding Requirements shall be Governed by the TSC Board Policies and State of Texas Purchasing Laws and Statutes.

No employee of TSC has the authority to commit the College to purchase an item or service until a Requisition to Purchase is approved and a Purchase Order has been issued.



Initiation of Purchasing



Definition of Roles

- ❖ **Preparer:** Assists with preparing and Filling out Forms for approval submission and vendor distribution.
- ❖ **Account Manager:** Identifies purchasing need based on course, program, department or office requirements. This person is the Purchase Order Administrator and Account Manager who ensures that funds are available, spent and managed accordingly.
- ❖ **Dean/Director or Other and Vice President:** Acknowledges and Accepts purchasing need for appropriate course, program, department or office according to the Goals, Objectives and Mission of its Department and/or Division.
- ❖ **VP of Finance and Administration:** Reviews and Pre-Approves purchasing requests based on the fiscal integrity of the College Policies including funding management and purchasing procedures.
- ❖ **President:** Approves purchasing requests as the delegated College authority by the TSC Board of Trustees.



Definition of Roles

Purchasing



Processes and distributes
Purchase Order

Receiving



Handles and distributes
Incoming Shipments
and Merchandise

Accounts
Payable



Processes and releases
Payment



Budget Availability



Budget Availability

Account Manager must verify that Available Funds exist under the designated account code before proceeding with a Requisition to Purchase.



Understanding the Budget



Texas Southmost College
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Income Statement

Budget FY 2015

For the period September 1, 2014 through August 31, 2015

	FTE	FY 2015	FY 2014	Difference
<i>Educational and General Fund : Expenses</i>				
GENERAL INSTITUTIONAL				
General Institutional Support				
Maintenance and Operating Expenses		\$ 3,641,212	\$ 4,236,731	\$ (595,519)
Travel		15,000	15,000	-
Total		\$ 3,656,212	\$ 4,251,731	\$ (595,519)
Information Technology Services				
Maintenance and Operating Expenses		\$ 5,224,616	\$ 4,968,944	\$ 255,672
Total		\$ 5,224,616	\$ 4,968,944	\$ 255,672
Safety and Security				
Salary and Wages	22.0	\$ 617,637	\$ 547,436	\$ 70,201
Maintenance and Operating Expenses		75,000	75,000	-
Travel		7,000	7,000	-
Total		\$ 699,637	\$ 629,436	\$ 70,201
Utilities				
Maintenance and Operating Expenses		\$ 2,650,000	\$ 3,184,430	\$ (534,430)
Total		\$ 2,650,000	\$ 3,184,430	\$ (534,430)
TOTAL GENERAL INSTITUTIONAL		\$ 12,230,465	\$ 13,034,541	\$ (804,076)



Understanding the Budget

Sample Department

Salary and Wages	\$ 117,637	\$ 117,436	\$ 201
Maintenance and Operating Expenses	5,000	5,000	-
Travel	2,000	2,000	-
Total	\$ 124,637	\$ 124,436	\$ 201

	Budget Pool	Budgeted Amount
Maintenance and Operating Expenses	55100	\$5,000
Travel	52100	\$2,000



Maintenance & Operating

Budget Pool	Object Code	
55100	53101-Instructional Supplies	Used primarily by instructional divisions or for development of materials to support classroom instruction of TSC students. <i>Not for instruction of TSC staff or office supplies.</i>
	53201-Office Supplies	
	53202- Computer & Printer Supplies	
	55280- Membership Fees	Individual, division or department memberships.
	55417- Food/ Meal Expenses	
	55420-Mileage/ Transportation	Mileage/transportation not related to travel.



Travel

Budget Pool	Object Code	
52100	52110- Travel Expenses	Includes the cost of transportation, lodging, meals and other items incurred while traveling on college business.
	52120-Conference & Registration fees	Includes conference, meeting or registration fees.



Understanding the Budget

When in doubt regarding which object code to use, please leave it blank and the Purchasing department will code it accordingly.



Definition of Goods and Services and Bid Requirements



Definition: Goods and Services

Goods:

Furniture, Equipment, Office and Instructional Supplies, (all tangible commodity items), etc.

Services:

Custodial, Cleaning, Photography, Moving, Consulting, (all intangible commodity items), etc.



Bid Requirements: Goods and Services

- 1. Purchases of less than \$2,000**
- 2. Purchases of \$2,000 but less than \$25,000**
- 3. Purchases of \$25,000 or More**



Purchases of Less than \$2,000

No Competitive Quotes are Required.

Pricing comparison among other vendors is encouraged.



Purchases of \$2,000 but Less than \$25,000

Three (3) Written Quotes are Required.

Establish Requirements

- Specifications: Brand (or equal product), Acceptable Delivery Date, Warranty, Delivery Cost, etc.
- Deadline for vendors to submit quotes: 5 days

If a third quote is not received, then Written Justification must be submitted.

- Email proof that request for quote was sent.
- If requesting calls via phone, name the person contacted and phone number.



Purchases of \$25,000 or More

Require Formal Competitive Bidding

The approval takes approximately **30 to 90** days after a Request for Competitive Bid Form is received by Purchasing.

Request		Approval Attempt #1		Approval Attempt #2
			If not approved	
6-Oct-14		13-Nov-14		18-Dec-14
	39		35	
	Days		Days	
		74		
		Days		

*All forms must be **Approved** by the President before they are sent to Purchasing.



Formal Solicitation Process (RFP or RFQ)

1. Preparation of Specifications and Solicitation Document
2. Review and Approval of Solicitation Document
3. Attendance to Pre-Bid Conference
4. Bid Opening Meeting
5. Evaluation of Bids/Proposals
6. Recommendation to VP of Finance and Administration
7. Final Recommendation to the TSC Board of Trustees



Definition: Professional Services

Texas Government Code

1. Certified Public Accountant
2. Architect
3. Landscape Architect
4. Land Surveyor
5. Physician, including a surgeon
6. Optometrist
7. Professional Engineer
8. State Certified or State Licensed Real Estate Appraiser
9. Registered Nurse

Texas Education Code

10. Attorney
11. Fiscal Agent
12. Financial Consultant
13. Technology Consultant



Bid Requirements: Professional Services

No Competitive Bids are required. Selection and Award must be based on:

- Demonstrated Competence and Qualifications to perform the services.
- For a Fair and Reasonable Price.

1. Contracts of \$2,000 but less than \$25,000

Qualifications Comparison of Three (3) Firms is Required

2. Contracts of \$25,000 or More

Require formal Request for Qualifications (RFQ) process.



Definition: Sole Source Purchases

- ❖ **One-of-a-Kind:** the Good or Service has no competitive product alternatives on the market because of the existence of a patent, copyright, secret process, or monopoly.
- ❖ **Compatibility:** the Good or Services must match existing brand or equipment for compatibility.
- ❖ **Replacement Part:** the Good is a replacement part for a specific brand of existing equipment.
- ❖ **Research Continuity:** the Good or Service is needed to maintain Research continuity.
- ❖ **College Standards:** the Good or Service must comply with established College Standards.
- ❖ **Unique Design:** the Good or Service must meet physical design or Quality Requirements.

*Membership fees, Subscription fees, Conference Registration fees, Software Maintenance fees, Newspaper Advertisements are Sole Sources.



Bid Requirements: Sole Source Purchases

No quote comparison or formal bidding process required.



Definition: Emergency Purchases

An Emergency is defined as a situation involving Public Health, Public Safety, or cases where immediate expenditure is necessary for repairs to College property to protect against further loss or damage, to prevent or minimize serious disruption in operations, or to insure the integrity of College records.

- Fires
- Explosions
- Adverse Weather Conditions
- Epidemic Conditions
- Breakdown, Damage, or Loss of Equipment

Poor Planning or forgetting to place an order is not an Emergency!



Bid Requirements: Emergency Purchases

Efforts should be made to accelerate or modify normal bidding procedures to accommodate an emergency.

Account Managers should contact Purchasing to assist in determining whether or not an Emergency situation exists.



State of Texas Purchasing Coops.

Emergencies or Special Circumstances only

Approved Purchasing Programs:

- TxSmartbuy
- TPASS
- Food Schedules
- TXMAS
- DIR
- BuyBoard
- TIPS/TAPS
- TCPN
- Harris County Department of Education



Purchase Order



New Requisition to Purchase

Accounting and Budget Section

ACCOUNTING AND BUDGET		
FUND:	01	Educational & General Fund
LOCATION:	100	Main Campus
FUNCTION:	1	Instruction
COST CENTER:	13105	Respiratory Care Science
BUDGET POOL:	55100	Operations Budget Pool
OBJECT CODE:	53201	Office Supplies
FUNDING SOURCE		
SUFFICIENT BUDGET:	YES	X
	NO	



New Requisition to Purchase Vendor Section

VENDOR	
Name:	Office Depot
Address:	6225 West By NW Blvd. Houston, Texas 77040
Vendor Information must match quote or W9 form	



New Requisition to Purchase Requestor Information Section

REQUESTOR INFORMATION		
ACCOUNT MANAGER:	Albert Ayotte	Initial: <i>aa</i>
DEPARTMENT:	Allied Health	
PREPARED BY:	Diane Weinberg	
EXTENSION:	3764	



New Requisition to Purchase

Description of Items Section

COMPLETE AND DETAILED DESCRIPTION OF ITEMS REQUESTED	QUANTITY	UNIT PRICE	EXTENDED
Purpose: Supplies needed for Respiratory Care Science student event on October 7, 2014.			
Duracell Procell AA Batteries Item #741985	1	\$57.00	\$57.00
5"x8" Writing Pads Item #307397	1	\$20.00	\$20.00
Board Marker 4x12 Porcelain Item #675512	5	\$480.00	\$2,400.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
Shipping	1	\$100.00	\$100.00
TOTAL AMOUNT:			\$2,577.00



New Requisition to Purchase Bid Requirements Section

When using Unit Pricing, the comparison based on Lump Sums must be provided.

Example: Unit Price x Quantity= Lump Sum

- ✓ Sole Source
- ✓ Emergency
- ✓ Purchasing Coops such as:
BuyBoard, TXMAS

BID REQUIREMENTS TO BE SUBMITTED WITH REQUISITION (Select one)	
	Purchases of less than \$2,000 : No competitive quotes required .
X	Purchases from \$2,000 but less than \$25,000 : Three (3) quotes are required.
1.	Office Depot \$2,577
2.	A&W Office Supply Inc. \$2,901
3.	Staples \$3,215
	Purchases of \$25,000 or more : Competitive bidding process required.
OTHER:	



New Requisition to Purchase Signature Section

I HEREBY CERTIFY THE ARTICLES IN THIS REQUEST ARE NECESSARY FOR USE IN THIS DEPARTMENT.	
DEAN / DIRECTOR / OTHER	DATE
<i>Mr. Jeff Gregor</i>	<i>09/29/2014</i>
VICE PRESIDENT	DATE
<i>Dr. Marti Flores</i>	<i>9/30/2014</i>
VICE PRESIDENT FINANCE & ADMINISTRATION	DATE
<i>Mr. Chet Lewis</i>	<i>10/02/2014</i>
PRESIDENT	DATE
<i>Dr. Lily Tercera</i>	<i>10/03/2014</i>



Requisition to Purchase

Requisition to Purchase should be reviewed by the **Account Manager** to ensure the following:

- Correct **Account and Budget Codes**
- **Budget Availability**
- **Quote** (s) is provided
- **Quote** information **must match Requisition to Purchase** form
- Appropriate and **Original Signatures**



Single and Blanket Purchase Order

Single Purchase Order: is a purchase contract for single or repetitive need and can **predetermine** purchase quantities and delivery times.

Blanket Purchase Order: is purchase contract for a good or service for which the department has a repetitive need on an **“as-required”** basis. No more than \$1,900.



Increase to an existing Purchase Order

- The purpose is to cover missing freight or small differences in prices or travel expenses related to the original Purchase Order.
- Increases will not be permitted for additional items. New Requisition to Purchase should be submitted for approval.



Vendor Relations

- Credit Account Forms
- W9 Forms
- Vendor Lists
 - * States of Texas Master Bidder's List
 - * TSC Vendor List

*Contact Purchasing for Information



Credit Accounts

- Best Buy (not credit card)
- Enterprise Rent-a-Car
- Home Depot
- Office Depot
- Ricoh
- UPS

*Contact Purchasing for Information



Receiving



Receiving of Goods

Central Receiving:

1. Responsible of receiving Merchandise from Vendors.

Account Manager:

1. Inspect and accept Merchandise (Goods) received against orders and report any discrepancies to the Vendor.
2. Prepare Receiving Report for Merchandise received, inspected and accepted.
3. Submit Receiving Report immediately to Accounts Payable.



Properly Completing a Receiving Report

Do not mail Check	<input checked="" type="checkbox"/>			
Call extension:	3764	RECEIVING REPORT		
Submit this form to pay for Goods (physical items) received only.				
P.O. No.:	VENDOR NAME:	INCOMPLETE:	COMPLETE:	INVOICE No.
50000	Office Depot		x	
DEPARTMENT:	ITEMS DELIVERED TO BUILDING NAME:	ROOM NUMBER:		100023
Allied Health	ITECC	206		
ITEM	DESCRIPTION OF ITEM RECEIVED	QUANTITY	UNIT PRICE	EXTENDED
1	Duracell Procell AA Batteries Item #741985	1	\$ 57.00	\$ 57.00
2	5"x8" Writing Pads Item #307397	1	\$ 20.00	\$ 20.00
3	Board Marker 4x12 Porcelain Item #675512	5	\$ 480.00	\$ 2,400.00
4	Shipping	1	\$ 100.00	\$ 100.00
				\$ -
				\$ -
				\$ -
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				\$ -
TOTAL				\$ 2,577.00
I HEREBY CERTIFY THE ARTICLES IN THIS REQUEST ARE NECESSARY FOR USE IN THIS DEPARTMENT.				
ACCOUNT MANAGER OR OTHER (PRINT NAME):	Mr. Albert Ayotte	EXT:	3764	
SIGNATURE:	<i>Albert Ayotte</i>	DATE:	10/9/2014	
Note: Select incomplete option for progress payments. Select complete option when all items/services have been received and purchase order has to be closed.				
Submit Form to Business Services / Accounts Payable				



Vendor Section

Do not mail Check	<input checked="" type="checkbox"/>				
Call extension:	3764	RECEIVING REPORT			
Submit this form to pay for Goods (physical items) received only.					
P.O. No.:	VENDOR NAME:	INCOMPLETE:	COMPLETE:	INVOICE No.	
50000	Office Depot		x	100023	
DEPARTMENT:	ITEMS DELIVERED TO BUILDING NAME:	ROOM NUMBER:			
Allied Health	ITECC	206			



Description of Items Section

ITEM	DESCRIPTION OF ITEM RECEIVED	QUANTITY	UNIT PRICE	EXTENDED
1	Duracell Procell AA Batteries Item #741985	1	\$ 57.00	\$ 57.00
2	5"x8" Writing Pads Item #307397	1	\$ 20.00	\$ 20.00
3	Board Marker 4x12 Porcelain Item #675512	5	\$ 480.00	\$ 2,400.00
4	Shipping	1	\$ 100.00	\$ 100.00
				\$ -
				\$ -
				\$ -
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				\$ -
				\$ -
				\$ -
				\$ -
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				\$ -
				\$ -
			TOTAL	\$ 2,577.00



Signature Section

I HEREBY CERTIFY THE ARTICLES IN THIS REQUEST ARE NECESSARY FOR USE IN THIS DEPARTMENT.					
ACCOUNT MANAGER OR OTHER (PRINT NAME):		Mr. Albert Ayotte		EXT:	3764
SIGNATURE:		<i>Albert Ayotte</i>		DATE:	10/9/2014
<p>Note: Select incomplete option for progress payments. Select complete option when all items/services have been received and purchase order has to be closed.</p>					
<p>Submit Form to Business Services / Accounts Payable</p>					



Receiving of Services

Account Manager:

1. Responsible of receiving Services from Vendors.
2. Inspect and accept Services received against orders and report any discrepancies to the Vendor.
3. Prepare Payment Voucher for Services received, inspected and accepted.
4. Submit Payment Voucher immediately to Accounts Payable.



Vendor Section

			<input type="checkbox"/>	EMPLOYEE LOCAL MILEAGE REIMB.
			<input type="checkbox"/>	REGISTRATION FEE
			<input type="checkbox"/>	MEMBERSHIP FEE
Do not mail Check	<input type="checkbox"/>		<input type="checkbox"/>	TRAVEL CASH ADVANCE
Call extension:	<input type="checkbox"/>		<input checked="" type="checkbox"/>	OTHER: Custodial Services
P.O. No.:	VENDOR NAME:	INCOMPLETE:	COMPLETE:	INVOICE No.
50123	GCA Custodial		X	20151463
	DEPARTMENT:			
	Instruction			



Description of Items Section

ITEM	DESCRIPTION OF TRANSACTION AND PURPOSE	QUANTITY	UNIT PRICE	EXTENDED
1	Custodial Services for Community Event on Oct. 8,2014 at Arts Center	1	\$500.00	\$ 500.00
				\$ -
				\$ -
				\$ -
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				\$ -
				\$ -
			TOTAL	\$ 500.00



Signature Section

I HEREBY CERTIFY THE SERVICES IN THIS REQUEST ARE NECESSARY FOR USE IN THIS DEPARTMENT.						
ACCOUNT MANAGER OR OTHER (PRINT NAME):		Julieta Ontiveros			EXT:	3386
SIGNATURE:		<i>Julieta Ontiveros</i>			DATE:	10/15/2014
<p>Note: Select incomplete option for progress payments. Select complete option when all items/Services have been received and purchase order has to be closed.</p>						
<p>Submit Form to Business Services / Accounts Payable</p>						



Accounts Payable



Prompt Payment Act Requirement

Correct invoices must be paid no later than 30 days after:

1. The date the correct invoice was received or;
2. The date Goods and/or Services were received, whichever is later.

Account Manager must assist Accounts Payable to meet this deadline to avoid accruing late fee charges.

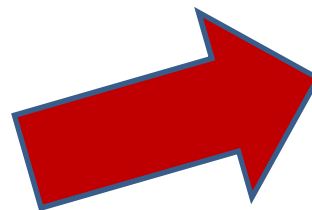
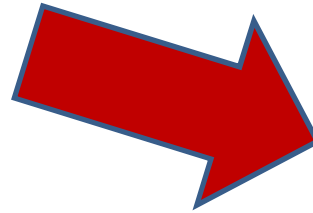


Accounts Payable Documents

Invoice



Receiving Report
and/or
Payment Voucher



Payment to
Vendor

Invoice

All Invoices should be reviewed by the **Account Manager** to ensure the following:

- Correct **Billing Information** (*Institution name and address*)
- Goods and Services have been **Inspected and Accepted**
- Verification of **Contract Terms and Conditions**
- Invoice payment doesn't exceed the **Contract (*Purchase Order*) Limit**



Receiving Report and Payment Voucher

All Receiving Report and Payment Voucher Forms should be reviewed by the **Account Manager** to ensure the following:

- Correct **Purchase Order Number**
- **Multiple** and **different** Purchase Orders **are not allowed** in one form
- A **Copy** of the **Invoice** must be provided
- **Purchase Order** and **Invoice** information **must match** Payment form
- Appropriate and **Original Signatures**



Advanced Payment

Advanced Payment is allowed. If this is required, the following statement must be included in the Requisition to Purchase as part of the approval process.

“Advanced Payment Required”

However, Purchasing will not process payment. The Payment Voucher and Invoice must be sent to Accounts Payable once a Purchase Order is received.



Credit Card Payment

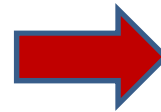
Credit Card Payment is not available.



Purchasing and Accounts Payable Docs

Purchasing of Goods and Services

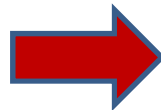
- ✓ Requisition to Purchase
- ✓ Quote (s)
- ✓ Contract (if available)



Purchasing

Payment of Goods

- ✓ Receiving Report
- ✓ Invoice



Accounts
Payable

Payment of Services

- ✓ Payment Voucher
- ✓ Invoice



Purchasing and Accounts Payable Estimated Timeline

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Approval of Requisition to Purchase						
28	Sept. 29	Sept. 30	October 1	October 2	October 3	4
	Dean/Director/ Other				Vice President	
Approval of Requisition to Purchase						
5	October 6	October 7	October 8	October 9	October 10	11
	VP Finance & Adm.				Purchasing	
Purchase Order Processing			Purchase Order		Order Processing	
12	October 13	October 14	October 15	October 16	October 17	18
	Purchasing	Purchasing	Purchasing	Vendor	Vendor	
Order Processing				Arrival		
19	October 20	October 21	October 22	October 23	October 24	25
	Vendor	Vendor	Vendor	Vendor	Central Receiving	
Delivery to Departments			Receiving, Inspection and		Acceptance	
26	October 27	October 28	October 29	October 30	October 31	1
	Central Receiving	Central Receiving	Account Managers	Account Managers	Account Managers	
Payment Processing					Check	
2	November 3	November 4	November 5	November 6	November 7	8
	Accounts Payable	Accounts Payable	Accounts Payable	Accounts Payable	Accounts Payable	



Purchasing and Accounts Payable Estimated Processing Days

- Approval of Requisition to Purchase: 10 business days
- Processing of Purchase Order: 3 business days
- Processing of Payment: 7 to 15 business days



Travel



Authority

Travel reimbursement and per diem rates shall be governed by the TSC Board Policy and State of Texas Laws.

No employee of TSC has the authority to commit funds until a travel authorization report is first approved by the College's authorized representative.



Travel Authorization Report



Travel Authorization Report

The Travel Authorization Report is intended to be used as an **Approval Method** of the **Overall Estimated Expenses** prior to travel.

All travel expenses must be approved at the same time.



Overall Travel Expenses

Allowable
Out-of-Pocket
Expenses
for Employee

Allowable
Direct Expenses
to Vendors



New Travel Authorization Request Form

Travel Authorization Report					
ACCOUNTING AND BUDGET			EMPLOYEE		
FUND:	01	Educational & General Fund	Name:	Dr. Albert Ayotte	
LOCATION:	100	Main Campus	Address:	Physical Address	
FUNCTION:	1	INSTRUCTION	TRAVEL INFORMATION		
COST CENTER:	13105	Respiratory Care Science	Dates of Travel:	October 28-30, 2014	
BUDGET POOL:	52100	Travel Budget Pool	Destination:	Austin, Texas	
OBJECT CODE:	52110	Travel Expenses	Purpose of Travel:	Seminar	
FUNDING SOURCE:			To attend seminar for Respiratory Care Training for Class RESP 1.123 for Spring 2015 semester.		
SUFFICIENT BUDGET:	YES	x			
	NO				
REQUESTOR INFORMATION					
ACCOUNT MANAGER:	Mr. Albert Ayotte		PREPARED BY:	Diane Weinberg	
DEPARTMENT:	Allied Health		EXTENSION:	3764	
Estimated Expenditures			Allowable Out-of-Pocket Expenses for Employee	Allowable Direct Expenses to Vendors	Total Estimated Expenses
*Lodging (per diem)			\$ 240.00	\$ -	\$ 240.00
*Airfare			\$ 500.00	\$ -	\$ 500.00
Meals (per diem)			\$ 138.00	\$ -	\$ 138.00
Mileage			\$ 50.00	\$ -	\$ 50.00
Gas			\$ -	\$ -	\$ -
Other (Parking, Taxi, etc.)			\$ -	\$ -	\$ -
Registration Fees (Direct Exp. for Vendor option)			\$ -	\$ 250.00	\$ 250.00
Car Rental (Direct Exp. for Vendor option)			\$ -	\$ 100.00	\$ 100.00
Total			\$ 928.00	\$ 350.00	\$ 1,278.00
*Cash Advance			\$ 740.00		
Vendor Information for Registration Fees					
Vendor Name:	Texas Association of Respiratory Care				
Address:	2015 Palm College, Austin, Texas				
I HEREBY CERTIFY THE ARTICLES IN THIS REQUEST ARE NECESSARY FOR USE IN THIS DEPARTMENT.					
<u>Mr. Jeff Gueger</u>			<u>9/29/2014</u>		
Dean/Director or Other			Date		
<u>Dr. Marti Flores</u>			<u>9/30/2014</u>		
Vice President			Date		
<u>Ms. Chet Lewis</u>			<u>10/3/2014</u>		
Vice President for Finance & Adm.			Date		
<u>Dr. Lily Texeira</u>			<u>10/3/2014</u>		
President			Date		
Required attachments: 1) Cost comparison if not using Airfare, 2) Quotes, 3) Meals Breakdown, 3) Itinerary and any other documentation that supports the travel request.					



Accounting and Budget Section

ACCOUNTING AND BUDGET		
FUND:	01	Educational & General Fund
LOCATION:	100	Main Campus
FUNCTION:	1	INSTRUCTION
COST CENTER:	13105	Respiratory Care Science
BUDGET POOL:	52100	Travel Budget Pool
OBJECT CODE:	52110	Travel Expenses
FUNDING SOURCE:		
SUFFICIENT BUDGET:	YES	x
	NO	



Employee and Travel Section

EMPLOYEE	
Name:	Mr. Albert Ayotte
Address:	Physical Address
TRAVEL INFORMATION	
Dates of Travel:	October 28-30, 2014
Destination:	Austin, Texas
Purpose of Travel:	Seminar
To attend seminar for Respiratory Care Training for Class RESP 1.123 for Spring 2015 semester.	



Estimated Expenditures Section

Estimated Expenditures	Allowable Out-of-Pocket Expenses for Employee	Allowable Direct Expenses to Vendors	Total Estimated Expenses
*Lodging (per diem)	\$ 240.00	\$ -	\$ 240.00
*Airfare	\$ 500.00	\$ -	\$ 500.00
Meals (per diem)	\$ 138.00	\$ -	\$ 138.00
Mileage	\$ 50.00	\$ -	\$ 50.00
Gas	\$ -	\$ -	\$ -
Other (Parking,Taxi,etc.)	\$ -	\$ -	\$ -
Registration Fees (Direct Exp.for Vendor option)	\$ -	\$ 250.00	\$ 250.00
Car Rental(Direct Exp.for Vendor option)	\$ -	\$ 100.00	\$ 100.00
Total	<u>\$ 928.00</u>	<u>\$ 350.00</u>	<u>\$ 1,278.00</u>
*Cash Advance	<u>\$ 740.00</u>		
Vendor Information for Registration Fees			
Vendor Name:	Texas Association of Respiratory Care		
Address:	2015 Palm College, Austin, Texas		



Approval Section

I HEREBY CERTIFY THE ARTICLES IN THIS REQUEST ARE NECESSARY FOR USE IN THIS DEPARTMENT.

Mr. Jeff Gregor

9/29/2014

Dean/Director or Other

Date

Dr. Marti Flores

9/30/2014

Vice President

Date

Mr. Chet Lewis

10/3/2014

Vice President for Finance & Adm.

Date

Dr. Lily Tercero

10/3/2014

President

Date



State of Texas Travel Rates

<https://fmx.cpa.state.tx.us/fm/travel/travelrates.php>

Example of current rates FY 2015:

Lodging In-State: Up to **\$85**

Lodging Out-of-State: Up to **\$83**

Meals In-State/Out-of-State: Up to **\$46**

Automobile Mileage: **56 cents** per mile (Sept. 1 – De. 31, 2014)



Meals Breakdown

<http://www.gsa.gov/portal/content/101518>

Example of current meals breakdown FY 2015:

Total	Continental Breakfast/ Breakfast	Lunch	Dinner	IE
\$46	\$7	\$11	\$23	\$5

If your trip includes meals that are already paid for by other expense (such as through a registration fee for a conference), it will be needed to deduct those meals from the travel report.



Transportation

*Airfare: Approved method of transportation.

Car Rental: Need proof that this is a more economical method.

Mileage: Need proof that this is a more economical method.

Car Rental under is only approved for use within the City limits of the approved travel destination.

Mileage under is only approved from Home to Airport and vice versa.



Gas

Gas reimbursement will only be allowed under the Car Rental transportation method.



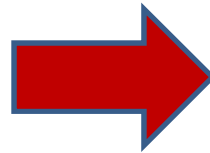
Back up

- Cost comparison if not using Airfare
- Quotes for Lodging and Airfare in the same order as listed in the form
- Meals Breakdown
- Mileage Calculation (**map quest**)
- Gas Calculation
- Other (**estimated parking fees, taxi, etc.**)
- Itinerary and any other documentation that supports the travel request.



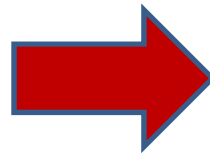
Purchase Orders

Allowable
Out-of-Pocket
Expenses
for Employee



One Purchase Order to
Employee

Allowable
Direct Expenses
to Vendors



One Purchase Order for
Registration Fees (Vendor
varies)

One Purchase Order for Car
Rental (Enterprise Rent-A-
Car)



PAYMENT VOUCHER				
Submit this form to pay for items listed and/or Services rendered only.				
		<input type="checkbox"/>	EMPLOYEE LOCAL MILEAGE REIMB.	
		<input type="checkbox"/>	REGISTRATION FEE	
		<input type="checkbox"/>	MEMBERSHIP FEE	
Do not mail Check	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TRAVEL CASH ADVANCE	
Call extension:		<input type="checkbox"/>	OTHER: _____	
P.O. No.:	VENDOR NAME:	INCOMPLETE:	COMPLETE:	INVOICE No.
50211	Albert Ayotte		X	N/A
	DEPARTMENT:			
	Allied Health			
ITEM	DESCRIPTION OF TRANSACTION AND PURPOSE	QUANTITY	UNIT PRICE	EXTENDED
1	Travel Cash Advance for lodging and airfare expenses to attend the Seminar for Respiratory Care Training for Class RESP 1.123 for Spring 2015 semester.	1	\$740.00	\$ 740.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
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				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL				\$ 740.00
I HEREBY CERTIFY THE SERVICES IN THIS REQUEST ARE NECESSARY FOR USE IN THIS DEPARTMENT.				
ACCOUNT MANAGER OR OTHER (PRINT NAME):	Diane Weinberg		EXT:	3764
SIGNATURE:	<i>Diane Weinberg</i>		DATE:	10/9/2014
Note: Select incomplete option for progress payments. Select complete option when all items/Services have been received and purchase order has to be closed.				
Submit Form to Business Services / Accounts Payable				

PAYMENT VOUCHER

Submit this form to pay for items listed and/or Services rendered only.

		<input type="checkbox"/> EMPLOYEE LOCAL MILEAGE REIMB.
		<input checked="" type="checkbox"/> REGISTRATION FEE
		<input type="checkbox"/> MEMBERSHIP FEE
Do not mail Check <input checked="" type="checkbox"/>		<input type="checkbox"/> TRAVEL CASH ADVANCE
Call extension: 3450		<input type="checkbox"/> OTHER:

P.O. No.:	VENDOR NAME:	INCOMPLETE:	COMPLETE:	INVOICE No.
50226	Texas Association of Respiratory Care DEPARTMENT: Allied Health		X	2015704

ITEM	DESCRIPTION OF TRANSACTION AND PURPOSE	QUANTITY	UNIT PRICE	EXTENDED
1	Conference Registration Fees for Texas Association Respiratory Care	1	\$250.00	\$ 250.00
				\$ -
				\$ -
				\$ -
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				\$ -
				\$ -
				\$ -
TOTAL				\$ 250.00

I HEREBY CERTIFY THE SERVICES IN THIS REQUEST ARE NECESSARY FOR USE IN THIS DEPARTMENT.

ACCOUNT MANAGER OR OTHER (PRINT NAME):	Mr. Albert Ayotte	EXT:	3764
SIGNATURE:	<i>Albert Ayotte</i>	DATE:	10/9/2014

Note: Select incomplete option for progress payments. Select complete option when all items/Services have been received and purchase order has to be closed.

Submit Form to Business Services / Accounts Payable



PAYMENT VOUCHER

Submit this form to pay for items listed and/or Services rendered only.

					<input type="checkbox"/>	EMPLOYEE LOCAL MILEAGE REIMB.
					<input type="checkbox"/>	REGISTRATION FEE
					<input type="checkbox"/>	MEMBERSHIP FEE
Do not mail Check	<input type="checkbox"/>				<input type="checkbox"/>	TRAVEL CASH ADVANCE
Call extension:	<input type="checkbox"/>				<input checked="" type="checkbox"/>	OTHER: Car Rental

P.O. No.:	VENDOR NAME:	INCOMPLETE:	COMPLETE:	INVOICE No.
50302	Enterprise Rent A Car DEPARTMENT: Allied Health		x	N/A

ITEM	DESCRIPTION OF TRANSACTION AND PURPOSE	QUANTITY	UNIT PRICE	EXTENDED
1	Car Rental Services to attend the Seminar for Respiratory Care Training for Class RESP 1.123 for Spring 2015 semester.	1	\$100.00	\$ 100.00
				\$ -
				\$ -
				\$ -
				\$ -
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				\$ -
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				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			TOTAL	\$ 100.00

I HEREBY CERTIFY THE SERVICES IN THIS REQUEST ARE NECESSARY FOR USE IN THIS DEPARTMENT.

ACCOUNT MANAGER OR OTHER (PRINT NAME):	Mr. Albert Ayotte	EXT:	3764
SIGNATURE:	<i>Albert Ayotte</i>	DATE:	10/9/2014

Note: Select incomplete option for progress payments. Select complete option when all items/Services have been received and purchase order has to be closed.

Submit Form to Business Services / Accounts Payable



Travel Reimbursement Voucher



Travel Reimbursement Voucher

The Travel Reimbursement Voucher is intended to be completed and submitted for approval by the employee upon return from a trip to obtain reimbursement of allowable **expenses incurred**.



New Travel Reimbursement Voucher

Travel Reimbursement Voucher					
ACCOUNTING AND BUDGET			EMPLOYEE		
FUND:	01	Educational & General Fund	Name:	Mr. Albert Ayotte	
LOCATION:	100	Main Campus	Address:	Physical Address	
FUNCTION:	1	INSTRUCTION	TRAVEL INFORMATION		
COST CENTER:	13105	Respiratory Care Science	Dates of Travel:	October 28-30, 2014	
BUDGET POOL:	52100	Travel Budget Pool	Destination:	Austin, Texas	
OBJECT CODE:	52110	Travel Expenses	Purpose of Travel:	Seminar	
FUNDING SOURCE:			To attend seminar for Respiratory Care Training for Class RESP 1.123 for Spring 2015 semester.		
P.O. No:	50012				
REQUESTOR INFORMATION					
ACCOUNT MANAGER:	Mr. Albert Ayotte		PREPARED BY:	Diane Weinberg	
DEPARTMENT:	Allied Health		EXTENSION:	3764	
Actual Expenditures					Total Actual Allowable Out-of-Pocket Expenses
*Lodging (per diem)					\$ 240.00
*Airfare					\$ 500.00
Meals (per diem)					\$ 138.00
Mileage					\$ 50.00
Gas					\$ -
Other (Parking,Taxi,etc.)					\$ -
Registration Fees					\$ -
Car Rental					\$ -
Total					\$ 928.00
*Cash Advance					\$ 740.00
Total Employee Reimbursement and / or TSC Refund					\$ 188.00
I HEREBY CERTIFY THE ARTICLES IN THIS REQUEST ARE NECESSARY FOR USE IN THIS DEPARTMENT.					
<u>Dr. Jeff Greger</u>				<u>11/1/2014</u>	
Dean/Director or Other				Date	
<u>Dr. Marti Howes</u>				<u>11/3/2014</u>	
Vice President				Date	
<u>Mr. Chet Lewis</u>				<u>11/6/2014</u>	
Vice President for Finance & Adm.				Date	
<u>Dr. Lily Tercera</u>				<u>11/10/2014</u>	
President				Date	
Required attachments: 1)All travel receipts including lodging and airfare, 2) Meals Breakdown, 3) Itinerary, 4) Map quest report for mileage, 5) Copy of Purchase Order and Travel Authorization Report and any other documentation that supports the travel reimbursement voucher.					



Accounting and Budget Section

ACCOUNTING AND BUDGET		
FUND:	01	Educational & General Fund
LOCATION:	100	Main Campus
FUNCTION:	1	INSTRUCTION
COST CENTER:	13105	Respiratory Care Science
BUDGET POOL:	52100	Travel Budget Pool
OBJECT CODE:	52110	Travel Expenses
FUNDING SOURCE:		
P.O. No:	50012	



Employee and Travel Section

EMPLOYEE	
Name:	Mr. Albert Ayotte
Address:	Physical Address
TRAVEL INFORMATION	
Dates of Travel:	October 28-30, 2014
Destination:	Austin, Texas
Purpose of Travel:	Seminar
To attend seminar for Respiratory Care Training for Class RESP 1.123 for Spring 2015 semester.	



Actual Expenditures Section

Actual Expenditures								Total Actual Allowable Out-of-Pocket Expenses
*Lodging (per diem)								\$ 240.00
*Airfare								\$ 500.00
Meals (per diem)								\$ 138.00
Mileage								\$ 50.00
Gas								\$ -
Other (Parking,Taxi,etc.)								\$ -
Registration Fees								\$ -
Car Rental								\$ -
Total								<u>\$ 928.00</u>
*Cash Advance								<u>\$ 740.00</u>
Total Employee Reimbursement and / or TSC Refund								<u>\$ 188.00</u>



Approval Section

I HEREBY CERTIFY THE ARTICLES IN THIS REQUEST ARE NECESSARY FOR USE IN THIS DEPARTMENT.

<i>Dr. Jeff Gregor</i>							11/1/2014		
Dean/Director or Other							Date		
<i>Dr. Marti Flores</i>							11/3/2014		
Vice President							Date		
<i>Mr. Chet Lewis</i>							11/6/2014		
Vice President for Finance & Adm.							Date		
<i>Dr. Lily Tercera</i>							11/10/2014		
President							Date		



Back up

- Original Receipts for Lodging and Airfare
- Meals Breakdown
- Mileage Calculation (**map quest**)
- Gas Calculation
- Original receipts for parking fees, taxi, etc.
- Itinerary and any other documentation that supports the travel reimbursement request.
- Copy of Purchase Order and Travel Authorization Report.
- All documents must be submitted in the same order as listed in the Travel Reimbursement Voucher.
- The Voucher form must contain a Purchase Order number with available funds to cover the reimbursement.



Local Mileage Reimbursement

City Limits Mileage (In-Valley Travel):

A Requisition to Purchase Form is needed.

Once a Purchase Order is received, a Payment Voucher needs to be sent to Accounts Payable to obtain a check reimbursement.

Reimbursement description must be all listed in the Payment Voucher form.



Office Locations



Submission of Req. to Purchase and Travel Forms

Submission of Requisition to Purchase, Travel Authorization Report and Travel Reimbursement Voucher.

Approval Route after signature of Dean/Director or other:

Vice President Office

Vice President of Finance and Administration Office

President's Office

Purchasing Office



Status of Purchase Order

Account Manager may contact Purchasing to follow up on status of a Purchase Order after five (5) days of submission date to the VP of Finance and Administration Office.

Purchasing Office

Ms. Patricia G. Sanchez, Coordinator of Purchasing ext. 3405

Patricia.sanchez@tsc.edu

Ms. Iris De Leon, Administrative Assistant ext. 3423

Iris.Deleon@tsc.edu

Location: Regiment House



Submission of Invoice and Payment Forms

Account Manager must submit Invoice, signed Payment Voucher and/or Receiving Report to the Business Services/Accounts Payable Office.

President's Office submits Travel Reimbursement Voucher directly to Accounts Payable.

Account Manager may contact Accounts Payable Office to follow up on status of an approved Travel Voucher after five (5) days of submission date to the VP for Finance and Administration Office.

Business Services/Accounts Payable Office

Ms. Aracely Izaguirre, Senior Accounting Clerk ext. 3412

Aracely.Izaguirre@tsc.edu

Ms. Flora Gutierrez, Accounting Clerk ext. 3413

Flora.Gutierrez@tsc.edu

Location: Regiment House

