



**CHABOT- LAS POSITAS
COMMUNITY COLLEGE DISTRICT
Purchasing and Warehouse Services Department**

PURCHASING CARD PROGRAM TRAINING GUIDE

BACKGROUND

A District provided Purchasing Card (P-Card) is a streamline business process achieving improvement over the traditional Requisition - to - Purchase Order to process low dollar goods and travel expenses. The time and resources needed are significantly reduced when completing P-Card purchases.

The Purchasing Card Program delegates purchasing authority to Cardholders. For Cardholders, the matter of making low dollar good purchases and traveling for the Chabot-Las Positas Community College District is highly visible. As a public institution spending public funds and doing business transactions are subject to public scrutiny. As such, all purchases made using the P-Card must be completed thoughtfully, recorded accurately and processed in a timely manner.

Remember to keep good public purchasing ethics, *Table 1* below is the Standards of Purchasing Practice set forth by the 95 year old professional organization, the California Association of Public Purchasing Officers (CAPPO).

**Table 1
Standards of Purchasing Practice**

- To regard public service as a sacred trust, giving primary consideration to the interests of the public agency that employs us.
- To purchase without prejudice, seeking to obtain the maximum value for each dollar expended.
- To avoid unfair practices, giving all qualified vendors equal opportunity.
- To honor our obligations and require that obligations to our public agency be honored.
- To accord vendor representatives courteous treatment, remembering that these representatives are important sources of information and assistance in solving our purchasing needs.
- To refuse to accept any form of commercial bribery, and prevent any appearance of so doing.
- To be receptive to counsel from our colleagues, and to cooperate with them to promote a spirit of teamwork and unity.
- To conduct ourselves with fairness and dignity, and to demand honesty and truth in the purchasing process.
- To strive for greater knowledge of purchasing methods and of the materials we purchase.
- To cooperate with all organizations and individuals involved in activities designed to enhance the development of the purchasing profession, remembering that our actions reflect on the entire purchasing profession.

Further, all charges made using your District P-Card, the subsequent approval and processing to the District Office must be completed in accordance with District's Policies and Procedures (Purchasing Card Program in its entirety can be found at: <http://info/intranet/purchasing/PurchasingCardPoliciesAndProcedures.php>); Federal, State, local laws and regulations. The information provided here will assist in guiding you.

CARDHOLDER –

A Cardholder is an individual who makes appropriate purchases (**Prohibited Purchases – Attachment A**) during the Billing Cycle using the P-Card. When making a purchase in which the item will be delivered to a Campus Warehouse, use the P-Card Purchase Order Number; CC-Last Name of Cardholder, the campus/location and phone ext. (i.e., CC-Lamica, DO/Purchasing 5233) when available.

REQUIREMENT FOR DELIVERIES TO CAMPUS WAREHOUSE:

Cardholder shall notify the Campus Warehouse staff of any transactions that will result in item(s) to be delivered to the Warehouse at Chabot or Las Positas College campuses. Warehouse staff must be able to identify incoming packages so they may in turn deliver the item(s) to you. After making a P-Card order provide the appropriate Warehouse Staff with your P-Card Purchase Order Number which is CC-last name, campus/location and phone ext., and the description of item(s) ordered and the Company's Name shipping the item(s).

Contact Chabot Warehouse at (510) 723-7270 and Las Positas at (925) 424-1777

MONTHLY PURCHASES LOG FORM

For each purchase made, a hard copy receipt is required and the Cardholder shall complete the **Monthly Purchases Log Form (Attachment B)**. Travel Purchases are also entered onto the Monthly Purchases Log Form. This Monthly Purchases Log Form assists in organizing the P-Card purchases for Cardholders, the Approvers and the Accounts Payable staff.

Cardholder shall obtain or create a hard copy receipt to match each entry on the Monthly Purchases Log Form. If the purchase is made via internet, then create the receipt by printing a copy of the confirmation given at the end of the transaction.

For each charge made, delivery and receipt of the goods or completion of the travel is verified by the Cardholder documented and attached to the hard copy receipt.

MONTHLY STATEMENT APPROVAL STEPS

1. Reconciliation – When the Monthly Billing Cycle ends the Cardholder will receive a Monthly Statement from US Bank. The Cardholder shall match the Monthly Statement against the Monthly Purchases Log Form. The Cardholder reviews the Monthly Statement, the Monthly Purchases Log Form and the Receipts and approves each of the charges as received and correct (Example A).

CLPCCD Purchasing Card Program

EXAMPLE A
Monthly Purchases Log PAGE 1 of 8

Cardholder Name: Annie Harris Credit Card # (Last four digits) XXXX
 Department: Purchasing Statement Date: 12-22-09

| # | TRAN DATE | Vendor Name, Description of Item(s) | Purchased, Account Number to be Charged For Each Purchase Indicate if CA Sales Tax was Paid: Yes or No | Total Amount | Disputed or Pending Items Y/N |
|---|-----------|---|--|--------------|-------------------------------|
| 1 | 11/25 | Name: Healthcare Inspirations Description: Posters | Acct. # 372003-XXXX-432601-XXXXX | \$ 277.36 | N |
| 2 | 12/07 | Name: Lab Safety Supply Description: Raincoat | Acct. # 101001-XXXX-43201-XXXXXX | \$ 108.95 | N |
| 3 | 12/10 | Name: Advanced Lampo, LLC Description: Projector Lampo | Acct. # 102001-XXXX-4334-XXXXXX | \$ 628.88 | N |
| 4 | 12/17 | Name: Clear Literature Display Description: Magazine Display | Acct. # 132001-XXXX-4320-XXXXXX | \$ 213.40 | N |
| 5 | 12/21 | Name: Zou Medical Corporation Description: AED Supplies | Acct. # 372003-XXXX-432601-XXXXXX | \$ 64.84 | N |

I certify that all purchases listed on this statement, unless noted in the disputed item column, are true and correct and were made for official CLPCCD purposes. All goods have been received and payment is authorized to US Bank who has been notified of all disputed items. Please Do Not Delay Payment Processing.

Cardholder's Signature: Annie's Signature Date: 1/13/10
 Approver's Signature: Next Level Approver's Signature Date: 1/13/10



U.S. BANCORP SERVICE CENTER
P. O. Box 6343
Fargo, ND 58125-6343



ACCOUNT NUMBER
STATEMENT DATE 12-22-09
TOTAL ACTIVITY \$ 1,613.59

000023495 1 AT 0.357 106481436215743 P

ANNIE HARRIS
CLPCCD
5020 FRANKLIN DRIVE
DISTRICT OFFICE
PLEASANTON CA 94588-3354

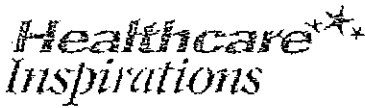
MEMO STATEMENT ONLY
DO NOT REMIT PAYMENT

We certify that all purchases listed on this statement, unless annotated to the contrary, are true, correct and for official business and payment is authorized.

Cardholder Annie Date 1/13/10 Approver [Signature] Date 1/13/10

| NEW ACCOUNT ACTIVITY | | | | | |
|----------------------|-----------|--|-------------------------|------|--------|
| POST DATE | TRAN DATE | TRANSACTION DESCRIPTION | REFERENCE NUMBER | MCC | AMOUNT |
| 11-25 | 11-24 | HEALTHCARE INSPIRATIONS 845-6800124 NY PUR ID: 0954646 TAX: 11.82 | 24332399328001737114627 | 5999 | 277.36 |
| 12-07 | 12-04 | LABSAFE*1014584603 800-356-0783 WI PUR ID: HARRIS12032009 TAX: 8.36 | 24692169338000067517192 | 5399 | 108.95 |
| 12-10 | 12-08 | ADVANCED LAMPS 800-9415690 CT PUR ID: 2741030732 TAX: 0.00 | 24418009343343287374901 | 5065 | 628.88 |
| 12-17 | 12-15 | CLEAR LITERATURE DISPLAY 888-3555537 FL PUR ID: 2753376242 TAX: 0.00 | 24158139350350249027708 | 5021 | 213.40 |
| 12-21 | 12-19 | ZOLL MEDICAL CORPORATION 978-421-9543 MA PUR ID: VSJA4C4C613B TAX: 0.00 | 24055239353207482500032 | 5047 | 64.84 |
| 12-21 | 12-19 | TPC*GOPHER 800-533-0446 MN PUR ID: ONT_22089 TAX: 0.00 | 24692169353000929751070 | 5941 | 320.16 |

| | | | |
|--|----------------|-----------------|--------------------------------------|
| Default Accounting Code: | | | |
| CUSTOMER SERVICE CALL 800-344-5696 | ACCOUNT NUMBER | | ACCOUNT SUMMARY |
| | STATEMENT DATE | DISPUTED AMOUNT | PREVIOUS BALANCE \$.00 |
| SEND BILLING INQUIRIES TO: C/O U.S. BANCORP SERVICE CENTER, INC U.S. BANK NATIONAL ASSOCIATION ND P.O. BOX 6335 FARGO, ND 58125-6335 | 12-22-09 | \$.00 | PURCHASES & OTHER CHARGES \$1,613.59 |
| | AMOUNT DUE | | CASH ADVANCES \$.00 |
| | \$ 0.00 | | CASH ADVANCE FEE \$.00 |
| | DO NOT REMIT | | CREDITS \$.00 |
| | | TOTAL ACTIVITY | \$1,613.59 |



EXAMPLE OF MONTHLY PROCESSING
 23 Valenza Avenue
 Blauvelt, NY 10913
 Voice (877) 646-5877
 Fax (845) 398-3384
 Email: askus@healthcareinspirations.com
 Web: www.healthcareinspirations.com

EXAMPLE A
 PAGE 3 of 8
Invoice

11/23/2009

0952719

Ms. Annie Harris
 Chabot-Las Positas CCD
 5020 Franklin Drive
 Pleasanton CA 94588
 United States

Attn: Receiving
 Chabot College
 25555 Hesperian Blvd.
 Hayward CA 94545
 United States

VISA Don McCormick UPS Ground 11/23/2009 Annie Harris

1Z7652R70399782805

| | | | | | | | |
|------------------|---|---|-----|---|--------|--------|-----|
| CBICIPP-306-1624 | 0 | 5 | Ea. | 16 x 24" CDC/WHO Infection Prevention Training Poster, printed in full color on our exclusive Peel & Stick™ repositionable paper and finished with disinfectant-safe and graffiti resistant gloss lamination. **07/09 Poster design was updated to illustrate CDC/WHO approved processes for HandRUB and HandWASH. | 24.25 | 121.25 | Yes |
| CYCCTKP-404-1624 | 0 | 5 | Ea. | 16 X 24" Catch It. Trash It. Kill It. Poster printed in full color on our exclusive Peel & Stick™ repositionable paper and finished with disinfectant-safe and graffiti resistant gloss lamination. | 24.25 | 121.25 | Yes |
| MISC. | | 1 | | Customer was not charged sales tax on line-item #2. Credit balances invoice so that customer is not re-charged. | -11.82 | -11.82 | |

Thank you for your order. We appreciate the opportunity to serve your regulatory compliance needs.

| | |
|--|-----------------|
| Subtotal | 230.68 |
| Shipping Cost (UPS Ground) | 23.04 |
| Tax (CA_ALAMEDA CO_AGAQ_EDNA_EEUR 9.75%) | 23.64 |
| Total Charged to CC | \$277.36 |

Healthcare Inspirations strives for customer satisfaction and will happily replace defective merchandise or allow exchanges of stock products; however, purchases are non-refundable. We cannot accept exchanges for customized products. Because our posters are printed on demand, they are considered a customized product and cannot be exchanged or returned.





AB SAFETY SUPPLY
PO Box 1368
Janesville, WI USA 53547-1368

Order By Phone: 1-800-356-0783
Order Online: www.LSS.com
Order By Fax: 1-800-543-9910
Technical Support: 1-800-356-2501

Lab Safety Supply Inc.
FEI # 39-1726218
GST# 894097476RT
401 S. Wright Rd. • PO Box 1368
Janesville WI U.S.A. 53547-1368

EXAMPLE OF MONTHLY PROCESSING

EXAMPLE A
PAGE 4 OF 8

003996

CHABOT LAS POSITAS COMM COLL
ATTN: ANNIE HARRIS
5020 FRANKLIN DR
PLEASANTON CA 94588-3354

LAB SAFETY SUPPLY

CHABOT COLL
25555 HESPERIAN BLVD
HAYWARD CA 94545-2447

| Order No. | P.O. No. | Sold To No. | Invoice No. | Invoice Date | Due Date |
|-----------|----------------|-------------|-------------|--------------|------------|
| 05938573 | HARRIS12032009 | 5249252 - 2 | 1014584603 | 12/03/2009 | 12/03/2009 |

| Buyer | Carrier | Freight Terms | Ship Date | Payment Terms |
|---------------|---------|---------------|------------|---------------|
| HARRIS, ANNIE | UPSGND | LOCKED | 12/03/2009 | PDBYCC |

| LINE | PRODUCT NO. | DESCRIPTION | QTY BO | QTY SHIP | UOM | UNIT AMOUNT | AMOUNT |
|------|-------------|------------------------------|--------|----------|-----|-------------|--------|
| 1 | 83399XL | RAINCOAT WOODLAND PVC XLRG G | 0 | 1 | EA | 42.90 | 42.90 |
| 2 | 83399XXL | RAINCOAT WOODLAND PVC 2XL GR | 0 | 1 | EA | 42.90 | 42.90 |

Thank you for your order.

SUBTOTAL: 85.80
FREIGHT: 14.79
TAXES: 8.36

CHARGED TO *****7209 108.95

PAYMENT TERMS: PDBYCC PAID WITH CREDIT CARD - BALANCE DUE 0.00 USD

ORIGINAL

▲ PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT (DO NOT STAPLE) ▲

FOR COMMENTS OR CHANGE OF ADDRESS, CHECK BOX AND ENTER INFORMATION ON REVERSE SIDE

CHABOT LAS POSITAS COMM COLL
ATTN: ANNIE HARRIS
5020 FRANKLIN DR
PLEASANTON CA 94588-3354



LAB SAFETY SUPPLY
Account #: 5249252
PO BOX 5004
JANESVILLE WI 53547-5004

| Order No. | Invoice No. | Bill To No. | Amount Due |
|------------|-------------|-------------|------------|
| SC05938573 | 1014584603 | 5249252 - 2 | 0.00 USD |

From: "Advanced Lamps, LLC" <sales@advancedlamps.com>
To: "Annie Harris" <aharris@clpccd.org>
Date: 12/8/2009 2:29 PM
Subject: Order Process

Advanced Lamps, LLC

Order Number: 63247
Detailed Invoice: https://www.advancedlamps.com/account_history_info.php?order_id=63247
Date Ordered: Tuesday 08 December, 2009

Products

1 x Sharp Genuine Original BQC-PGC30XU/1 Projector Lamp & Housing (BQC-PGC30XU/1) = \$434.00
1 x Genuine AL™ AN-MB70LP Lamp & Housing for Sharp Projectors (AN-MB70LP) = \$184.00

Sub-Total: \$618.00
United Parcel Service (1 x 4lbs) (Ground): \$10.88
Total: \$628.88

Delivery Address

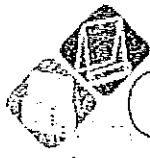
Chabot College
Receiving Department
25555 Hesperian BLVD.
Hayward, CA 94545
United States

Billing Address

Chabot-Las Positas Ccd
Annie Harris
5020 Franklin Drive
Pleasanton, CA 94588
United States

Payment Method

Credit Card



CLEAR
Literature Display Systems

Clear Literature
Display Systems
6919 Broward Blvd #308
Plantation, FL 33317
<http://www.clearlds.com>

ORDER
DATE:
12/15/2009

BILL TO:
Annie Harris
Chabot-Las Positas CCD
5020 Franklin Drive
Pleasanton, CA 94588
Tel: 925-485-5205
E-mail: aharris@clpccd.org

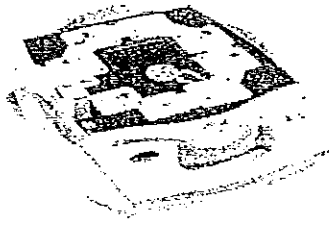
SHIP TO:
Receiving Department
Chabot College
25555 Hesperian Blvd.
Hayward, CA 94545
Tel: 925-485-5205

ORDER ID: 9465
CUSTOMER ID: 9488
SHIPPED VIA: Ground Shipping
PAYMENT METHOD: Credit Card (Authorize.Net)
Transaction ID: 2753376242
Authorization Code: 072691

| QTY | SKU - DESCRIPTION | UNIT PRICE | TOTAL |
|-----|---|---------------------|-----------------|
| 1 | V900L - Magazine Display (Clear) - Wall Mount Literature Display with 9 Pockets V900L | \$184.76 | \$184.76 |
| | | SHIPPING: | \$28.64 |
| | | TAXES: | \$0.00 |
| | | ORDER TOTAL: | \$213.40 |

COMMENTS:

Please note Holiday closure 12/24-08 - 1/1/10



ZOLL AED Plus Device Corrective Action

New Order

Order Confirmation

You will also receive confirmation by email.

| | | | | | |
|---|---------------|------------|--|------------------|--------|
| Order Number: 2156978 | | | | | |
| ShipTo: Chabot College Receiving Department 25555 Hesperian Blvd. Hayward, CA 94545 US aharris@clpccd.org | | | BillTo: Chabot-Las Positas CCD Annie Harris 5020 Franklin Drive Pleasanton, CA 94588 US aharris@clpccd.org | | |
| PO # | Ref # | Ord Date | Ship Date | Ship Via | Status |
| X06F089963 | 2156978 | 12/14/2009 | N/A | UPS/GR | New |
| Warehouse | Sat. Delivery | Scheduled | Required | 3rd Part Account | |
| DS | No | N/A | N/A | | |

UOM - Unit of Measurement

| Part # | Description | Price | Qty | UOM | Ship'd | Back'd | Ext. Price |
|---|--|-------|-----|-----|--------|--------|-------------------------|
| AED-PORT | IrDA/USB dongle | 19.95 | 1 | EA | 0 | 0 | 19.95 |
| AED-USBAT | Sleeve of ten 123A batteries, instructions | 39.95 | 1 | EA | 0 | 0 | 39.95 |
| AED-CD | AED Plus Software Upgrade CD | 0.00 | 1 | EA | 0 | 0 | 0.00 |
| Shipping Instructions: Please deliver this order before holiday closure 12/24-1/4/10 | | | | | | | Sub Total: 59.90 |
| | | | | | | | Discount: 0.00 |
| | | | | | | | Sales Tax: 4.94 |
| | | | | | | | Handling: 0.00 |
| | | | | | | | Freight: 0.00 |
| | | | | | | | Currency: USD |
| | | | | | | | Total: 64.84 |

Battery Serial Number

X06E086474

[Click Here to Order Other Items](#)



Order Detail

[Look up another order](#)

Internet Transaction Number
: G59338
Order Date : 11/18/09
Status : PROCESSED
Delivery Type : Fed Ex

Billing Address

5020 Franklin Drive
Pleasanton CA 94588
925-485-5205 p

Shipping Address #1

Receicing Department
25555 Hesperian Blvd.
Hayward CA 94545
925-485-5205 p

Company Info

Chabot-Las Positas Community
College District
Annie R Harris
925-485-5205 p
aharris@clpccd.org

| Item | Order Price | Qty | Taxed | Ship To | Subtotal |
|----------------------------|-------------|-----|-------|------------|----------|
| Carlton® T800 Shuttlecocks | \$11.50 | 12 | Yes | Shipping # | \$138.00 |
| Carlton® T800 Shuttlecocks | \$11.50 | 12 | Yes | Shipping # | \$138.00 |

Items Subtotal: \$276.00
Sales Tax: \$0.00
Shipping & Handling: \$44.16
Order Total: \$320.16

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Call our World Class Customer Service at 1-800-533-0446

MISSING RECEIPTS: Should any purchase be missing a receipt, please complete and add a **Missing Receipt Statement Form (Attachment C)**. Once completed, all purchases will have a corresponding receipt or a Missing Receipt Statement Form.

Checklist Note: A properly reconciled and approved package will contain the Cardholder's signed Statement, a completed and signed Monthly Purchases Log with account numbers and corresponding receipts.

2. **Approval Routing** – The Cardholder's reconciled and signed package is then sent to an Approver for review and a second approval signature.

APPROVER: The Approver reviews the Cardholder's Monthly Statement, the Monthly Purchases Log and Receipts. If the monthly activity of the Cardholder is correct the Approver's signature is added to the Monthly Statement and each page of the Monthly Purchases Log Form.

Checklist Note: The Approver forwards the Approved Monthly Statement, with accurate account(s) to be charged, along with one copy of the Approved Monthly Purchases Log Form and all receipts to Accounts Payable Group (925. 485.5222) at the District Office.

The Approval routing process must take place within Five (5) Business Days after the Billing Cycle Ends.

DISPUTED CHARGES

Each Cardholder must resolve any disputed charges with the original vendor where a purchase was made. Should difficulty arise, Cardholder must notify the Purchasing Department. The Purchasing Department will follow up using US Bank representatives.

RECORDS RETENTION: Upon completion of the review and payment, the Accounts Payable Group will retain the Receipts from the Colleges for three (3) years past the Final Annual Audit, in accordance with the records retention schedule. This retention period is tied to the Annual Audit, so maintain the current fiscal year and the four (4) complete prior fiscal years.

REVOCAION OF PRIVILEGES

Improper purchases (Attachment A), lost receipts, late payment processing, not completing and maintaining supporting documentation and/or not complying with the intent and details of the Purchasing Card Program Policies and Procedures are considered misuse of the Purchasing Card privileges and at the discretion of the Program Administrator may revoke the Cardholder's P-Card.

DISTRICT TRAVEL USING THE PURCHASING CARD

The Purchasing Card Program does not eliminate or substitute any current District Travel Policy and Procedures. Cardholders that utilize the P-Card for travel are still required to obtain proper pre-approval for their business travel. Processing travel charges on your P-Card requires a copy of the approved CONFERENCE LEAVE: REQUEST FORM (Example B, Page 1) to be attached to your Monthly Purchases Log Form.

The most current Travel Forms are found on the Human Resources web site. These are new electronic forms. The old, multi-part, paper forms will no longer be available from the Office Supplies Contractor. Find new Travel Forms at: <http://www.clpccd.org/HR/HRGovForms.php>

Reimbursement for personal expenses is still applicable. The procedures for processing approvals of your P-Card Monthly Statement include safeguards against a “Double Payment”. Caution should be exercised when processing reimbursements so you do not claim and get paid for expenses that are already paid with the P-Card

The CONFERENCE LEAVE: EXPENSE CLAIM FORM (Example B, Page 2) is still utilized. Reimbursement for your personal cash expenses or personal charges incurred during Conference travel is still applicable.

Process your Expense Claim Form as usual but enter the amounts spent on the P-Card in the Less Advances section of the Form as below:

| | |
|--|--|
| _____ \$ _____ | |
| _____ \$ _____ | |
| Total Daily Expenses: | |
| Cost of Transportation: | |
| Subtotal: | |
| Less Advances: | |
| Expense Limit \$ _____ Total Claim: | |

← *Enter the P-Card purchases HERE*

(See further in this Guide for a copy of the Travel Forms for your reference)

All travel expenses paid for with your District Purchasing Card are placed onto the Monthly Purchases Log Form.

Print Form



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Business Services
Conference Leave: Request Form



Staff member(s): _____

Conference title: _____

(Note: please do not use abbreviations in form)

Date(s): Location: _____

Sponsoring group: _____

Purpose and contribution to Chabot-Las Positas Community College District?

(Please indicate any official position held which requires or makes desirable your attendance)

Estimated total cost of attendance, including transportation: \$

List dates and classes requiring substitutes:

Signature: _____ Date: / /

Reimbursement for expenses for conference and meeting attendance – see Administrative Rule and Procedure (ARP) 4070.

FOR OFFICE USE

Approval:

Division Dean signature: _____ Date: / /

Vice Pres or Vice Chancellor signature: _____ Date: / /

President / Chancellor signature: _____ Date: / /

Cost is chargeable to division budget:

- Yes : (labor distribution account)
- No
- No cost to District

Maximum total reimbursement allowed:

- Actual and necessary expenses
- Limited to \$

Routing: Original – Business office Copies: Academic Services
Division office
Staff member(s)

Reference: Article 32E 3 – Faculty Collective Bargaining Agreement

Printed: 11/15/2007
P:\FORMS\Faculty 2007-08\ConfLeaveReqForm.doc



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Business Services
Conference Leave: Expense Claim Form



(Please Print)

Social security number / W #: _____

Name: _____
(Last) (First) (MI)

Address: _____

Conference title: _____
(Note: please do not use abbreviations in form)

Date(s) Attended Conference: _____ Location (City, State): _____

Claim forms must be received by the Business Office no later than the tenth day of the month following the month in which the conference was attended

Complete all appropriate items. If additional space is required use additional forms. Refer to Board Policy 4070 for procedure governing submission of claims.

- 1 Receipts must be attached for all expenses
 - 2 Reimbursements cannot be made for expenses itemized as tips or gratuities
 - 3 Conference expense claims must reflect expenses of the individual only.
 - 4 Record conference mileage on this form
- Submit original and two copies to your Department Administrator for approval. Retain a copy for your records and staple all receipts to the claim form

| Date | Miles Traveled | Lodging | Meals | Registration | Other Expenses (Telephone, Taxi, Parking, Mass Transit, Etc) | | Daily Total | |
|---------------------|----------------|--------------------------|-------------------------------|--------------|---|----------------------------------|-------------|--|
| ___/___/___ | | \$ _____ | B _____ L _____ D _____ | \$ _____ | \$ _____ \$ _____ \$ _____ | \$ _____ \$ _____ \$ _____ | | |
| ___/___/___ | | \$ _____ | B _____ L _____ D _____ | \$ _____ | \$ _____ \$ _____ \$ _____ | \$ _____ \$ _____ \$ _____ | | |
| ___/___/___ | | \$ _____ | B _____ L _____ D _____ | \$ _____ | \$ _____ \$ _____ \$ _____ | \$ _____ \$ _____ \$ _____ | | |
| ___/___/___ | | \$ _____ | B _____ L _____ D _____ | \$ _____ | \$ _____ \$ _____ \$ _____ | \$ _____ \$ _____ \$ _____ | | |
| ___/___/___ | | \$ _____ | B _____ L _____ D _____ | \$ _____ | \$ _____ \$ _____ \$ _____ | \$ _____ \$ _____ \$ _____ | | |
| Total Miles: | | @ _____¢ per mile | | | | Total Daily Expenses: | | |

Public Transportation: From: _____ To: _____ Via: _____ One-Way Two-Way
 I certify that the above itemized claim represents actual and necessary expenses incurred by me while on authorized school business for the purposes stated above. **Employees signature:** _____ **Date:** ___/___/___

APPROVED: DEPARTMENT ADMINISTRATOR: _____
 EXAMINED AND ALLOWED: DISTRICT BUSINESS OFFICE: _____
 CHARGED TO EXPENDITURE ACCOUNT NUMBER: _____

| | |
|--|--|
| Cost of Transportation: | |
| Subtotal: | |
| Less Advances: | |
| Expense Limit \$ _____ Total Claim: | |

Purchase Card Activation Steps

Before you call, please gather this information: your 16-digit account number, mailing address, ZIP code, and a four digit numeric number (2769) designated by your Program Administrator and your business telephone number.

-
1. From a touch-tone phone call
1-800-344-5696.

 2. Respond to each of the following prompts.

 3. "Welcome to Corporate Payment Systems Customer Service. Please enter your 16-digit account number"

 4. "Please enter the five-digit ZIP code of your mailing address."

 5. "To activate your account, press 1."

 6. "To activate your account, please key in the last four digits of your social security number" **Enter the four-digit numeric number designated by Program Administrator rather than your social security number.** **0000**

 7. "Please enter your business telephone number, beginning with the area code."

 8. "Your account has been successfully activated. Thank you."

Note: If you are unable to enter all required information, you'll be transferred to a Customer Service representative for personal assistance.

CHABOT – LAS POSITAS COMMUNITY COLLEGE DISTRICT

TIPS FOR SAVING MONEY

1. Shop around

- Competition will motivate suppliers to lower pricing. It's ok to tell a vendor that you are soliciting quotes from other vendors.
 - However, do not attempt to pit one supplier against another when you are soliciting quotes.
 - Do not tell any supplier what the pricing is until after you have decided who has the best bid. Once you have made the award, all pricing becomes public information. Suppliers are entitled to know the prices quoted. If a supplier calls and asks, politely read them the list of quotes you received.
 - Use the web to compare pricing some websites do this comparison like www.nextag.com

2. Ask for government pricing.

- Many vendors have existing government and/or educational price lists that they would be willing to extend to the District. Simply ask.

3. Look for Co-operative or “Piggyback” contracts.

- Using contracts created by others can provide valuable savings when larger agencies obtain better pricing and terms than the District could obtain by itself. Using contracts created by others will also save you valuable staff time.
- See the “Cooperative Purchasing/Piggyback Contracts” link on the Purchasing Intranet page for more information.

4. Get volume discounts; buy in bulk.

- Consider combining orders with your sister college or departments divisions at your campus.
- For on-going purchases, can you purchase more, less often?

5. Ask for a lower price.

- As the saying goes, “It never hurts to ask”. Simply asking, “Is that the best price?” may encourage a vendor to reduce the price.

6. Ask for written confirmation (fax or email is ok) of any verbal price quotes.

- This is a great way to avoid misunderstandings, verify legitimate pricing and get a receipt for the processing steps.

7. Watch out for scams.

- Be skeptical of "cold" or unsolicited calls and feel comfortable saying "no" to high pressure sales tactics. Legitimate companies will not pressure you for information and ask you to make a snap decision.

8. Audit Pricing

- Make sure that the invoice matches the price quoted.

9. Request

- Purchasing Staff Support (925) 485-5230, 5233, 5205

| Restricted Item | Purchasing Instructions |
|--|---|
| Agreements or Contracts provided by the Supplier/Merchant requiring a District Signature | Complete a Requisition Form or Banner on-line Requisition |
| On-Site Construction, Building alteration, demolition or repairs | Contact M&O and/or Facilities/Bond Programs and Operations Departments |
| Services - including labor charges, personal or professional services, consulting or clerical services | Contact Human Resources Services. Complete a Contract for Services. |
| Information technology related items: Computers, Computer peripherals and Computer related items; Printers; Software licenses; Telecommunications Equipment (phones, phone related items); Web Based Subscriptions & Services, ASP's | Contact ITS. Contact Mike Seaton (Chabot College), Heidi Ulrich (Las Positas College) or Annie Harris, (District Office) |
| Controlled Substances including narcotic and non-narcotic drugs | Never allowable |
| Cigarettes, tobacco products or alcohol | Never allowable |
| Transactions with Employees as the Vendor | Not allowable. Employees or their companies may not be vendors |
| Purchases shipped to Employees home or other location other than campus or District's address | Never allowable |
| Inventory Equipment Assets – An equipment Asset is any piece of equipment, which costs \$5,000 or more. In determining the \$5,000 dollar level the cost of taxes and shipping and related costs are included. | Complete a Requisition Form or Banner on-line Requisition. Fixed Asset |
| Equipment Rental /Lease in excess of 30 days | Complete a Requisition Form or Banner on-line Requisition |
| Equipment Repairs on personally owned equipment. | Never allowable |
| Explosives, Firearms and Ammunition | Never allowable |
| Postage stamps and meters | Contact Mail Rooms on each campus or District Office |
| Outside Copying Printing (containing logo for departmental letterhead, business cards, envelopes, etc) | Contact campus print and copy centers. Consider bidding and buying printing as best practice, contact Victoria Lamica (x5233) |
| Cash advances or cash refunds | Not allowable |
| Auto fuel, Auto repair (Fuel for Travel Rental Vehicle is allowable) | Not allowable |
| Items on established Open Orders, including STAPLES | Not allowable |
| Gifts (flowers, balloons), gift cards, awards | Not allowable |
| Real Estate Rental agreements or Lease agreements | Contact Vice Chancellors of Facilities/Bond Programs and Operations and/or Business Services |
| Third party financed transactions/ Capital Leases | Complete a Requisition Form or Banner on-line Requisition |
| Recurring Charges, Not allowable Charges where the Cardholder has allowed the vendor to keep the card number on file. | Charges may be charged even after a Cardholder's account is closed. The only true way to be sure no one can use a credit card again is to have the bank purge the account. Most 'purges' are scheduled only for a specific day each month. Recurring charges may be cancelled by Cardholders calling the vendors. |

Initial Acceptance _____

CLPCCD Purchasing Card Program

Monthly Purchases Log

Cardholder Name: _____ Credit Card # (Last four digits) _____

Department: _____ Statement Date: _____

| # | TRAN DATE | Vendor Name, Description of Item(s) Purchased, Account Number to be Charged For Each Purchase Indicate if CA Sales Tax was Paid: Yes or No | Total Amount | Disputed or Pending Items Y/N |
|---|-----------|---|--------------|-------------------------------|
| | | Name: _____ Acct. # _____ Description: _____ <div style="text-align: right;">Y/N ____</div> | | |
| | | Name: _____ Acct. # _____ Description: _____ <div style="text-align: right;">Y/N ____</div> | | |
| | | Name: _____ Acct. # _____ Description: _____ <div style="text-align: right;">Y/N ____</div> | | |
| | | Name: _____ Acct. # _____ Description: _____ <div style="text-align: right;">Y/N ____</div> | | |
| | | Name: _____ Acct. # _____ Description: _____ <div style="text-align: right;">Y/N ____</div> | | |

I certify that all purchases listed on this statement, unless noted in the disputed item column, are true and correct and were made for official CLPCCD purposes. All goods have been received and payment is authorized to US Bank who has been notified of all disputed items. Please Do Not Delay Payment Processing.

Cardholder's Signature

Date

Approver's Signature

Date

**CHABOT- LAS POSITAS COMMUNITY COLLEGE DISTRICT
Purchasing and Warehouse Services Department**

Purchasing Card Program

Missing Receipt Statement

Use this form when a receipt or invoice had been misplaced, destroyed, or is otherwise not available and include with Monthly Purchases Log Form.

I, _____, have either not received, or have misplaced a receipt.

Description of Purchases:

Merchant Name: _____

Merchant Country and City: _____

Purchase Date: _____ Purchase Amount: _____

Item(s) Purchased:

Notes:

I certify that the above purchase was made on behalf of Chabot Las Positas Community College District and was for official college business. I have lost, misplaced, or did not receive the receipt documenting payment.

Cardholder's signature

Date

Approver's signature

Date