

Leona Gildersleeve

Authorized Signature

Number: CW-AR-05-006

Issue Date: 10/21/2005

Due Date: 11/01/2005

Subject: CF 598 Authorization and Vendor Invoice

Applies to (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Other (please specify): |

Action Required:

By 11/1/05 Child Welfare Branch Offices will conform to the procedures described in this transmittal. This action is the result of a recent Internal Audits finding.

To summarize: the CF 598, Authorization and Vendor Invoice, will be treated as a “negotiable document”, and secured and accounted for in a similar fashion to other negotiable document requirements.

Please click on this link for further details/instructions:

http://www.dhs.state.or.us/policy/childwelfare/ar/2005/iii_cf_598_rev_006att.pdf

Field/Stakeholder review: Yes No

If yes, reviewed by:

If you have any questions about this action request, contact:

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