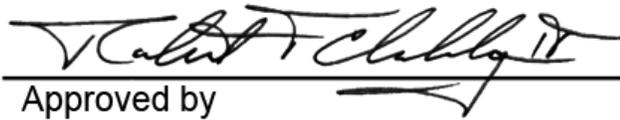


Policy Title:	VISA (SPOTS) Cardholders		
Policy Number:	2.012	Version:	5.0
		Effective Date:	1/11/12


Approved by

1/11/12
Date approved

Overview

Purpose/Rationale: Provides guidelines for using the VISA (SPOTS/Small Purchase Order Transaction System). SPOTS cards are a method of purchase and payment. They DO NOT authorize a particular purchase. Anyone making a purchase with a SPOTS credit card MUST follow all applicable purchasing rules.

Applicability: This policy applies to all State Operated Community Program (SOCP) cardholders. It is the responsibility of each cardholder employee to maintain documentation sufficient to support the expenditure of funds, be prudent in making purchases and remember that taxpayer dollars pay for all purchases. Cardholders will follow security procedures to safeguard from loss or misuse of the VISA card.

Failure to Comply:

- Employees who abuse their purchase card privileges or the purchase agreement will forfeit their cards.
- Employees will be required to reimburse DHS/SOCP for inappropriate purchases which benefited them.
- Employees may be subject to sanctions up to and including dismissal.
- Applicable criminal charges may be pursued.
- Use of Employee Personal Reward(s)/Club card use: Per OAM 55.30.00, ORS 291, ORS 293 Purchase(s) that do not "further the business of the state" or any purchase(s) benefiting an individual rather than for the official functions and duties of the program/agency are prohibited. Any use for personal gain may be grounds for disciplinary action up to and including dismissal.

Policy

DHS Policy DHS-020-002:

- a. All SPOTS cards must comply with all DAS Purchasing Rules.
- b. Generally, SPOTS cards will be issued only to permanent state employees. Employees on trial service or temporary employees may only be issued cards if it is instrumental to their position.
- c. SPOTS card holders must attend training prior to card issuance and every two years.
- d. Small Purchase Order Transaction System (SPOTS) purchasing cards may only be used for authorized purchases that further the business of the state.
- e. SPOTS cards may have only one authorized user. Only the SPOTS card holder named on the card may use the card.
- f. SPOTS card purchases must not exceed the established credit limit. Use of multiple transactions to circumvent purchasing rules is not allowed.
- g. Employee(s) Personal Reward(s)/Store cards - Personnel actions will be taken if an employee obtains award card benefits from client purchases and/or while conducting state business. (ie. Fred Meyer, Safeway etc.) *Example of allowances: Fred Meyer Card*

in the Group Home name and/or Safeway Card in the Group Home name.

Authorized/Unauthorized purchase examples:

Authorized purchases – ORS 191, ORS 192, OAM 50.30.00

- Postal supplies/box rentals
- Equipment repair/supplies
- Applicable books, videos
- Ticket/Entrance fees
- House repairs – follow Housing/SOCP procedures for prior authorization.
- Motel rooms for clients and accompanying staff, reservations MUST be made in client's name.
- Vocational Program supplies
- Groceries/Cleaning supplies
- Household maintenance/yard supplies
- CPR/1st Aid Training supplies/certificates
- Film and development
- Campsite reservations
- Client items, personal needs, medications, etc.

Unauthorized purchases

- Employee only travel, meals
- Employee reservations, rooms
- Unsecured Internet purchases
- Vehicle tows
- (call Motor Pool or 1-800-378-0077)
- Conferences that require a trade service agreement
- Meals/food/drinks for staff or clients (to include Deli/Ready to Eat). DO NOT use VISA. When meals are allowed per 2007-09 AFSCME Contract Article 28 Section 10. State Paid Meals (b) (1-3) Meals-Outings - Use Petty Cash.
- Exception: Natural disaster situations and requires Program Administrator approval.
- Gas Motor Pool Cars (use Voyager Card)
- Gas Lawn mower (Petty Cash)
- Computer equipment/software
- Vehicle repairs
- (call Motor Pool or 1-800-378-0077)
- Capitol Outlay items
- Personal use

Procedure(s) that apply:

- 2_012_01, VISA Application, Activation and Training Procedure
- 2_012_02, VISA Purchases
- 2_012_03, VISA Responsibilities: Repayment, Lost/Stolen, Resignation/Termination
- 2_012_04, VISA Records: Statements and Logs
- 2_012_05, VISA Cardholder Internal Audit

Form(s) that apply:

- Attachment A: DHS 0050 Employee Assigned Property Tracking Mandatory
- Attachment B: DHS 4563 SPOTS Activity Log Mandatory
- Attachment C: DHS 4652 \$100 and Over Purchase Request Form Mandatory
- Attachment D: DHS 4594 Request to Attend VISA Training Mandatory
DHS 0134 SPOTS Purchase Card Application and Agreement

Reference(s):

DAS Purchasing Rules; SPD-IM-08-092 (12/11/08) - Reward(s)/Club Card(s); ORS 244.040 – Awards obtained while conducting state business and used for personal gain is a violation. 2007-09 AFSCME Contract Article 28 Section 10. State Paid Meals (b) (1-3) Meals-Outings.

Contact(s):

SPD/SOCP Business Manager - Phone: 503-378-5952 ext. 239 **FAX:** 503-378-5917
Email: Subject line - SOCP Policy elaine.m.stauffer@state.or.us

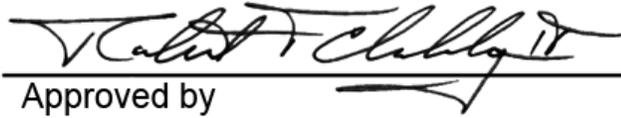
Policy History:

Version 1.0:	Version 2.0:	Version 3.0:	Version 4.0:	Version 5.0:
05/14/04	03/01/05	05/01/06	03/23/10	01/11/2012

Keywords:

VISA (SPOTS) Small Purchase Order Transaction System, Club Cards, Reward(s) / Store cards

Procedure Title:	VISA Application, Activation and Training Procedure		
Procedure Number:	2.012.01	Version:	2.0
		Effective Date:	01/11/12


Approved by

1/11/12
Date approved

Procedure

SOCP Office/Site Management and/or permanent full-time employee(s) make a request to their Immediate Supervisor. Submit DHS 4594 "Request to Attend VISA Training."

Step	Responsible Party	VISA Application
1.	Site Manager/ Immediate Supervisor	Will identify the need, fill out a DHS 4595 "Request to Attend VISA Training" form and submit it to the Central Office Support Staff.
2.	Central Office Support Staff	Will review and submit to the SOCP Director for signature approval or denial.
3.	Business Manager	Will review, authorize, deny and/or modify the request and return to the Central Office Support Staff.
4.	Central Office Support Staff	Will notify the Site Manager/Central Office Requestor of the approval or denial.
5.	Immediate Supervisor	Will enroll the staff in VISA training.
6.	Pending cardholder	Attend the training and complete the DHS 0134 VISA application/contract. The "original" VISA contract is given to the Site Manager or Immediate Supervisor.
4.	Site Manager/ Immediate Supervisor	Review and sign the application/contract, returning the original to the Central Office Support Staff upon completion.
5.	Central Office Support Staff	a) Ensure all information is filled in, obtain SOCP Directors' signature and fax the application/contract to DHS Contracts and Procurement Unit for processing. b) File original application/contract in the SOCP VISA Cardholders file.

Step	Responsible Party	VISA Card Activation
1.	Cardholder	a) Will receive the VISA card in the mail at the address of their assigned group home. b) Call the "800" number on the VISA card. c) Have zip code of the assigned group home, last four (4) digits of Social Security Number (SSN) and VISA card ready. Follow the recording prompts and instructions.
2.	Site Manager/ Immediate Supervisor	a) Add card to the DHS 0050 "Employee Assigned Property Tracking" sheet. b) Place a "copy" of the DHS 0134 VISA application/contract

		in the cardholders' yearly training records.
Step	Responsible Party	VISA Card 2-Year Training
1.	Site Manager/ Immediate Supervisor	a) Will track VISA 2-Year Training deadlines. b) Enroll cardholder 2-3 months in advance of expiration date. <i>Card will be suspended if not current.</i> c) Register cardholder online for training and document on cardholder training roster.

Policy that applies:

2.012 VISA (SPOTS) Cardholders

Form(s) that apply:

- Attachment A: DHS 0050 Employee Assigned Property Tracking Mandatory
- Attachment B: DHS 4563 SPOTS Activity Log Mandatory
- Attachment C: DHS 4652 \$100 and Over Purchase Request Form Mandatory
- Attachment D: DHS 4594 Request to Attend VISA Training Mandatory
DHS 0134 SPOTS Purchase Card Application and Agreement

Contact(s):

SPD/SOCP Business Manager

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FAX: 503-378-5917

Email: Subject line - SOCP Policy elaine.m.stauffer@state.or.us

Procedure History:

Version 1.0:	Version 2.0:	Version 3.0:	Version 4.0:	Version 5.0:
03/27/2009	01/11/2012			

Keywords:

SPOTS, Small Purchase Order Transaction System, VISA Application, VISA Activation, VISA 2-Year Refresher Training

Procedure Title:	VISA Purchases		
Procedure Number:	2.012.02	Version:	2.0
Effective Date:	01/11/12		



Approved by

1/11/12

Date approved

Procedure

Purchases for clients are exempt from price agreements. Before making any other type of purchase, determine if there is a price agreement for the specific product. If you are unsure, contact the SOCP Business Manager for updated information.

Step	Responsible Party	VISA Application
1.	Cardholder	a) Receive prior written authorization from supervisor for all expenditures that are \$100 or over. <i>(This does NOT include regular monthly expenses: groceries, pharmacy, medical costs, etc.)</i> b) Complete DHS 4652 "\$100 and Over Purchase Request" form. (Attachment C).
2.	Site Manager/ Immediate Supervisor	Review and sign DHS 4652 "\$100 and Over Purchase Request." Forward signed "\$100 and Over Purchase Request" to appropriate manager. <ul style="list-style-type: none"> • Houses: Site Manager > Program Manager > Director • Central Office: Immediate Supervisor > Director
3.	Program Manager/ Immediate Supervisor	Approve and sign "\$100 and Over Purchase Request" and submit to the SOCP Director.
4.	SOCP Director	a) Reviews, approves or denies and signs "\$100 and Over Purchase Request." b) Request is sent back through Interoffice mail or faxed. Non-approvals/denials are also returned to requestor.
5.	Cardholder/Site Manager	Make purchase(s) and complete the bottom section of the DHS 4652 "\$100 and Over Purchase Request." Attach the receipt(s) to the form and submit along with DHS 4563 "VISA/SPOTS Activity Log.

Policy that applies:

2.012 VISA (SPOTS) Cardholders

Form(s) that apply:

- Attachment A: DHS 0050 Employee Assigned Property Tracking Mandatory
- Attachment B: DHS 4563 SPOTS Activity Log Mandatory
- Attachment C: DHS 4652 \$100 and Over Purchase Request Form Mandatory

Attachment D: DHS 4594 Request to Attend VISA Training Mandatory
DHS 0134 SPOTS Purchase Card Application and Agreement

Contact(s):

SPD/SOCP Business Manager

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Email: Subject line - SOCP Policy elaine.m.stauffer@state.or.us

Procedure History:

Version 1.0:	Version 2.0:	Version 3.0:	Version 4.0:	Version 5.0:
03/23/2010	01/11/12			

Keywords:

SPOTS, Small Purchase Order Transaction System, VISA Application, VISA Activation, VISA 2-Year Refresher Training

Procedure Title:	VISA Responsibilities: Repayment, Lost/Stolen, Resignation/Termination		
Procedure Number:	2.012.03	Version:	2.0
		Effective Date:	1/11/2012



Approved by

1/11/12

Date approved

Procedure

Step	Responsible Party	Action: Keep Current
1.	Cardholder	Keep cardholder information current. Notify the Site Manager/Immediate Supervisor of name changes. When transferring to another worksite/group home, notify the new Site Manager/Immediate Supervisor of cardholder status.
2.	Site Manager/ Immediate Supervisor	a) Determine if the cardholder needs to retain VISA card. b) Inform Central Office Support Staff of the change of home and/or cancellation of the card.
3.	Central Office Support Staff	Notify DHS Contracts and Procurement Unit of the change.

Step	Responsible Party	Action: Spending Limits
1.	Site Manager/ Immediate Supervisor	a) Maintain credit-spending limits appropriate to needs of home/worksites by increasing or decreasing limits as necessary. Discuss needs of home/worksites and changes to the VISA limit with Manager. b) Notify Central Office Support Staff of the request to change, along with the name of the authorizing Manager. Include written justification for any increase. No justification is needed for decreases.
2.	Central Office Support Staff	Send email to SOCP Director with pertinent information, i.e., name of card holder, amount to increase limit(s), whether this is a monthly or one-time increase, and the name of the authorizing Manager/Immediate Supervisor, along with written justification for the increase.
3.	Business Manager	Approves increase or denies, returning to Central Office Support Staff.
4.	Central Office Support Staff	a) Forward SOCP Director approval to DHS Contract and Procurement Unit. b) Return rejections with an explanation, to the requesting manager.
4.	Contracts and Procurement Unit	Request bank to increase limit(s) and notify Central Office Support Staff of status.

Step	Responsible Party	Action: Repayment
1.	Cardholder	<p>Notify Site Manager/Immediate Supervisor of error immediately. <i>If a personal purchase was made with the state VISA card, the procedure for repayment MUST be followed. Misuse of state VISA card may result in discipline up to and including dismissal. Law Enforcement will be notified in cases of fraud.</i></p> <p>a) Write a brief explanation why card was used and make a copy. b) When VISA bill arrives, copy VISA bill and completed DHS 4563 "SPOTS Activity Log." c) Obtain a money order and make a copy. d) Send money order, original explanation, copy of VISA bill and copy of completed DHS 4563 "SPOTS Activity Log" to: DHS Receipting and Trust Unit PO Box 14250, Salem, OR 97309-0740. e) Attach copy of explanation and copy of money order to original VISA bill and DHS 4563 "SPOTS Activity Log." f) Send a copy of the above information to: Buyer/SPOTS Coordinator DHS Office of Contracts & Procurement 500 Summer St. NE E03, Salem, OR 97301-1080</p>

Step	Responsible Party	Action: Lost or Stolen Card
1.	Cardholder	<p>a) Report lost or stolen VISA card(s) IMMEDIATELY. b) Notify U.S. Bank by calling 1-800-344-5696. DO NOT order a new card from the bank. If they offer to send one let them know that there are procedures that must be followed and DO NOT send another card. c) Notify Site Manager/Supervisor that card was lost/stolen. d) Notify Central Office Support Staff that card was lost/stolen.</p>
2.	Central Office Support Staff	Notify DHS Contracts and Procurement Unit of lost/stolen card via email.
3.	DHS Contract and Procurement Unit	Order replacement VISA Card.

Step	Responsible Party	Action: Separation or Leave of Absence
1.	Site Manager/ Immediate Supervisor	<p>If cardholder is separated from employment or is on extended leave the VISA card will be immediately deactivated.</p> <ul style="list-style-type: none"> • Request card from employee and immediately cut up and dispose of. • Notify Central Office Support Staff that card has been destroyed. • Remove card from DHS 0050 "Employee Assigned Property Tracking" document.
2.	Central Office Support Staff	Notify DHS Contracts and Procurement Unit via email that card has been destroyed and disposed of.
3.	Contracts and Procurement Unit	Notify bank to cancel card.

Policy that applies:

2.012 VISA (SPOTS) Cardholders

Form(s) that apply:

- Attachment A: DHS 0050 Employee Assigned Property Tracking Mandatory
- Attachment B: DHS 4563 SPOTS Activity Log Mandatory
- Attachment C: DHS 4652 \$100 and Over Purchase Request Form Mandatory
- Attachment D: DHS 4594 Request to Attend VISA Training Mandatory
- DHS 0134 SPOTS Purchase Card Application and Agreement

Contact(s):

SPD/SOCP Business Manager

Phone: 503-378-5952 ext. 239

FAX: 503-378-5917

Email: Subject line - SOCP Policy elaine.m.stauffer@state.or.us

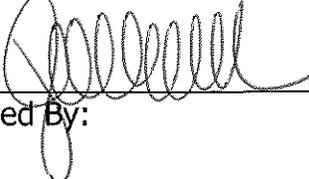
Procedure History:

Version 1.0:	Version 2.0:	Version 3.0:	Version 4.0:	Version 5.0:
03/23/2010	01/11/12			

Keywords:

SPOTS, Small Purchase Order Transaction System, responsibilities, Misuse of VISA card, Lost/Stolen notification, deactivation of VISA, repayment, fraud

Procedure Title:	VISA Records: Statements and Logs		
Procedure Number:	2.012.04v3	Version:	1.0
Effective Date:	01/11/2012		

Approved By:  Date Approved: 21 MAY 2013

Procedure

Step	Responsible Party	Action
1.	Cardholder	<p>a) Record purchases on MSC 0115A SPOTS Card Activity Log. Each time a purchase is made, attach the itemized receipt with all other documents pertaining to purchase.</p> <p>b) Compare statement each month with log to assure accuracy.</p> <ul style="list-style-type: none"> • Write "Okay to pay," sign and date VISA statement. • Save as: Month Spots Log (ex. May Spots Log) on your desktop, then send an email to OFS SPD SOCP SPOTS-VISA and attach the saved log. • Print out, sign, and date MSC 0115A SPOTS Card Activity Log and give to Site Manager with the statement and receipts. • Give to immediate supervisor/manager no later than the 5th of the month.
2.	Supervisory reviewer Site Manager	<p>a) Review Log and receipts for appropriateness of purchases and use of state funds.</p> <ul style="list-style-type: none"> • Review log, receipts and statement to assure they match • Verify the Index/PCA/Agency Object Codes (AOBJ) accurately reflect purchases. <p>b) Investigate or refer to HR questionable purchases and take appropriate action.</p> <p>c) Initial "Log" entry to authorize questionable purchases.</p> <p>d) Sign VISA statement, verifying the review and submit to Program Manager by the 10th of each month.</p>
3.	Program Managers	<p>a) Review MSC 0115A Log statement and receipts to assure appropriateness of purchases and use of state funds. Investigate and/or refer to HR questionable purchases and take appropriate action.</p> <p>b) Sign and date each statement authorizing payment.</p> <p>c) Forward to Central Office Support Staff by the 14th of month.</p>

4.	Central Office Support Staff	a) Date stamp and log in when received. b) Review for required signatures. c) Copy 0115A Log and statement, attach the receipts and file. d) SCAN original 0115A Log and statement and send/email to DHS Financial Services for payment. e) File <u>original</u> 0115A Log, statement and receipts at Central Office.
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Policy that applies:

2.012 VISA (SPOTS) Cardholders

Form(s) that apply:

- Attachment A: DHS 0050 Employee Assigned Property Tracking Mandatory
- Attachment B: MSC SPOTS Card Activity Log Mandatory (05/01/2013)
- Attachment C: DHS 4652 \$100 and Over Purchase Request Form Mandatory
- Attachment D: DHS 4594 Request to Attend VISA Training Mandatory
DHS 0134 SPOTS Purchase Card Application and Agreement

Contact(s):

SPD/SOCP Business Manager Phone: 503-378-5952 ext. 239 **FAX:** 503-378-5917
Email: Subject line - SOCP Policy elaine.m.stauffer@state.or.us

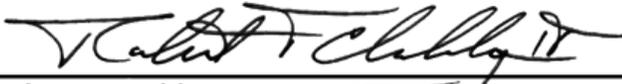
Procedure History:

Version 1.0:	Version 2.0:	Version 3.0:	Version 4.0:	Version 5.0:
03/23/2010	01/11/12	05/20/13		

Keywords:

SPOTS, Small Purchase Order Transaction System, activity log, responsibilities, Misuse of VISA card, Lost/Stolen notification, deactivation of VISA, repayment, fraud;

Procedure Title:	VISA Internal Audits		
Procedure Number:	2.012.05	Version:	2.0
Effective Date:	01/11/2012		



Approved by

1/11/12

Date approved

Procedure

Step	Responsible Party	Action: Under \$100 purchases								
1.	Central Office Support Staff	<p>a) Document various non-routine purchases that have been made each month as VISA statements are being reviewed.</p> <p>b) Prepare and send memo with cardholder name, worksite and purchase to <u>cardholder's supervisor</u> for an audit check. Checks will occur every January, April, July and October.</p> <p>c) Verify the non-routine purchase with the cardholder, sign the memo as confirmation of purchase and return the memo to Central Office Support Staff for filing.</p> <p>d) File the signed memo of confirmation with the corresponding VISA statement of record.</p> <p>Types of items to be audited include but not limited to:</p> <table border="0"> <tr> <td>Yard/garden tools</td> <td>Maintenance supplies/tools</td> </tr> <tr> <td>Kitchen appliances/supplies</td> <td>Electronic equipment/cameras</td> </tr> <tr> <td>House decorations</td> <td>Movies/tapes/DVD's/CDs</td> </tr> <tr> <td>Furniture</td> <td></td> </tr> </table>	Yard/garden tools	Maintenance supplies/tools	Kitchen appliances/supplies	Electronic equipment/cameras	House decorations	Movies/tapes/DVD's/CDs	Furniture	
Yard/garden tools	Maintenance supplies/tools									
Kitchen appliances/supplies	Electronic equipment/cameras									
House decorations	Movies/tapes/DVD's/CDs									
Furniture										
Step	Responsible Party	Action: Over \$100 purchases								
1.	Central Office Support Staff	<p>a) As of September 2008 any single item purchase of "\$100 or over" must have a DHS 4652 "\$100 and Over Purchase Request Form."</p> <p>b) Verify the form has been filled out and approved by the Business Manager before purchase. Verify that the appropriate authorizing signatures are on the form.</p> <p>c) Copy the DHS 4652 form and submit to Business Manager.</p> <p>d) The original remains attached with the signed memo of confirmation and both are filed with the corresponding VISA statement of record.</p>								
2.	Central Office Support Staff	<p>Conducts "After Purchase Verification" checks to verify the item purchased is in the home:</p> <ul style="list-style-type: none"> • Take photos of the item, • Verifies the location of the item, • Date of verification, • Verifies the "Item" is numbered, and • Documents the location of the number on the purchase. <p>The copy of the DHS 4652 "\$100 and Over Purchase Request Form" is then filed in the appropriate house folder.</p>								

Policy that applies:

2.012 VISA (SPOTS) Cardholders

Form(s) that apply:

- Attachment A: DHS 0050 Employee Assigned Property Tracking Mandatory
- Attachment B: DHS 4563 SPOTS Activity Log Mandatory
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Contact(s):

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Procedure History:

Version 1.0:	Version 2.0:	Version 3.0:	Version 4.0:	Version 5.0:
03/23/2010	01/11/12			

Keywords:

SPOTS, Small Purchase Order Transaction System, Misuse, audit, tracking

2011 Agency/SOCP Object Codes: (AOBJ)

AOBJ	Category: Description
4148	Rental vehicle expenses: Enterprise car rental and fuel. MUST use Voyager card when possible. DO NOT USE VISA
4200	Office Supplies: Toner, film, batteries, cell phone accessories, flashlights, cameras, dictionaries, etc.
4210	Mail costs: DAS mail services, P.O. boxes, fed ex, ups, stamps, etc.
4301	Phones: Services for pagers, cell phones, phones, phone cards, terminal line and telephones under \$250.00
4354	Print service: Forms, documents printed by contractors
4404	DHS training: State sponsored staff training fees, including parking fees
4406	Staff development: Paid training by others than state agencies, includes parking fees
4426	Training supplies: Items purchased for staff training, includes condiments, cleaning supplies
4555	Pest control: Services provided by outside vendor (ie. Terminix)
4696	Motor pool: Maintenance/repair of state vehicle by motor pool, monthly vehicle rental. EMERGENCY GAS PURCHASES NO LONGER REIMBURSED BY MOTOR POOL
4700	Security Services: For alarm monitoring/mag lock or alarm repairs, alarm installation by vendors, etc.
4701	Vet services: For pets INCLUDE LOCATION OF VET'S OFFICE
4706	Pet supplies: Including food and other misc pet items (not vet services)
4825	Sewer: Sewer
4826	Water: Water
4827	Electricity: Electricity
4828	Garbage: Includes home pickup, disposal @ landfill/dump, recycling
4829	Natural gas: Home service (not for vehicle use)
4830	Cable/internet: Service
4844	House maintenance: Repair of household equipment/appliances, landscaping purchases, storage sheds/fences, house maintenance supplies/services, repairs to structure, tools, paint, water testing, etc
4846	Vehicle maintenance: Costs to maintain state vehicles other than through state motor pool
4852	Cleaning supplies: Laundry and cleaning supplies including soap, mops, brooms, includes light bulbs, toilet tissue, paper towels, facial tissues, vacuum cleaners, garbage bags
4854	Safety/security: Keys, locks, security supplies, fire extinguishers (purchase & recharge), security alarms for client safety, (installed by SOCP staff) Vehicle Barriers, house modifications for client safety (may move w/client)
4855	Home furnishings: Pictures, indoor plants, rugs, window coverings, furniture, bed frames, bath mats, hangers, audio & video equipment, wallpaper/trim, large appliances, etc. Video equipment, wallpaper/trim, large appliances, etc.
4877	Groceries: Including bottled drinking water. staff meals with clients (USE PETTY CASH FOR STAFF MEALS)
4878	Kitchen/dining supplies: Small appliances, plates, glassware, flatware, pots, pans, straws, aprons, cloth napkins, table cloths, cooking utensils, bakeware, kitchen scales, etc., coffee filters, kitchen towels/dish clothes, plastic storage bags/containers, foil, plastic/paper plates, cups, utensils, cookbooks, kitchen scales, ALL BBQ related items, grills, propane, briquets, etc.
4887	Drugs/Medicines: Include prescriptions, tx meds & OTC supplies, sterile water (for client use only) special dietary supplements ordered by Dr.
4889	Medical-house supplies only: Thermometers, BP equipment, gloves, med cups, bath scales, thermometer batteries, first aid supplies (no aspirin, etc for staff use), misc equipment, medical reference books

EMPLOYEE ASSIGNED PROPERTY TRACKING DOCUMENT

Employee name: _____ Work location: _____

Item	Serial or identification number	Date employee received	Date returned
<input type="checkbox"/> BlackBerry			
<input type="checkbox"/> Calculator			
<input type="checkbox"/> Camcorder			
<input type="checkbox"/> Cell phone			
<input type="checkbox"/> Corporate travel card			
<input type="checkbox"/> ID badge			
<input type="checkbox"/> Key card			
<input type="checkbox"/> Keys			
<input type="checkbox"/> Label maker			
<input type="checkbox"/> Laptop			
<input type="checkbox"/> Motor Pool card			
<input type="checkbox"/> Pager			
<input type="checkbox"/> Phone credit card			
<input type="checkbox"/> Photo equipment			
<input type="checkbox"/> Recording equipment			
<input type="checkbox"/> SPOTS card			
<input type="checkbox"/> TV monitor/DVD player			
<input type="checkbox"/> Other (see page 2)			

I understand that the above described property is property of the Department of Human Services and Oregon Health Authority and will be used in compliance with all applicable policies of the department. If property is transferred to another employee, I will notify my manager immediately. Property will be returned to the department upon termination of employment.

Employee signature

Date

Manager signature

Date

Reviewed dates:

Dates:							
Employee initials:							
Manager initials:							

Other - describe item	Serial or identification no.	Date employee received	Date returned

G2 Last name, First name

MOVE ENTRIES TO LOG

SPOTS Card Activity Entry

Cardholder's name: Last name, First name
 Date (month/year): Jan-2013
 Card number (the last 6 digits): 12 3456
 Cardholder email: First.MI.Last@state.or.us
 Department/Division/District/Office: Your Dept/Div/Dist/Office
 Phone number: Your Phone Number and Ext
 Note: Please verify that all Transaction Amount entries contain a 'Y' or 'N' in the 'On Statement?' (Y/N) column before running the macro.

Transaction date	Vendor name	Purchaserefered descripi	Case ID number	Payment	Participant ID	Inde	PC	SFMS oble	Transaction Amount	Total charge or refund slip amount	Available credit on ca	On statement (Y/N)
7												
8												
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DHS FORM SERVER 0015A

State Operated Community Program
\$100 and Over Purchase Request Form

Pre-Authorization

Home/Office: _____ Date: _____
Quantity and item requested: _____ Maximum \$\$\$ amount allowed: _____
Reason for purchase: _____

Requestor signature: _____

Site manager approval: _____ Date: _____

Program manager approval: _____ Date: _____

Director approval: _____ Date: _____
Over \$100.00 per item purchase
Over \$100.00 per item purchase

Tracking of Purchase(s)

Date of purchase: _____ Last 4 digits of Visa: _____

Item purchased: _____ Cost: _____

Description of item(s): _____

Store where purchased: _____

Purchaser's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

Verifies item was received at the house.

After Purchase Verification

Location of item at time of verification: _____ Date of verification: _____

Home or Office

Quality Assurance signature: _____ Date: _____

Verifies item is still in possession of SOCP

Item number given: _____ *Model #, Serial #, etc.*

Example: Number is located:

Number location: _____ *Back of item, bottom, inside door etc...*

Note: Use a permanent marker or permanent label for "Item number" and "Date" on item.

If can't number, indicate reason why: _____

Destruction

Date of destruction/replacement: _____ Method of disposal: _____

Reason for destruction/replacement: _____

Please attach receipt to this form and submit with VISA log.



State Operated Community Program
Request to Attend VISA Training

This form is MANDATORY to request approval PRIOR to registering for DHS VISA training. Please send completed registration request as early as possible to allow for timely enrollment. (Trainings are 1X per month). Once signed (approved/denied) request will be sent to the home via fax. All information must accompany this request.

Employee name: Worksite:

Justification for person to have visa:

What will limits be? MONTHLY SINGLE

Are you replacing another card? If no, why not?

If yes, who's

Date/time of training: Location of training: SALEM

Requestor signature (site manager) Date

Office use only:

Approved Denied

Comments:

Director or Business Manager (print name) Director or Business Manager (signature) Date

Request fax sent

Business Office administrative support (print name) Business Office admin. support (signature) Date

**Missing or No
Receipt
Itemization Form**

**Missing or No
Receipt
Itemization Form**

Receipt Itemization Form

Vendor name: _____
Date of purchase: _____

Items Purchased:	Price:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature: _____ Date: _____
Signature: _____ Date: _____

Receipt Itemization Form

Vendor name: _____
Date of purchase: _____

Items Purchased:	Price:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature: _____ Date: _____
Signature: _____ Date: _____

**Missing or No
Receipt
Itemization Form**

**Missing or No
Receipt
Itemization Form**

Receipt Itemization Form

Vendor name: _____
Date of purchase: _____

Items Purchased:	Price:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature: _____ Date: _____
Signature: _____ Date: _____

Receipt Itemization Form

Vendor name: _____
Date of purchase: _____

Items Purchased:	Price:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature: _____ Date: _____
Signature: _____ Date: _____