

Purchasing Procedures

Supplies

1. Fill out Purchase Requisition(s). ***This must be done prior to any purchasing regardless of the method of payment.*** You must have one Purchase Requisition (PR) for each vendor you will be purchasing from. Example: Carrs, Fred Meyers, Staples, Grainger etc...

http://matsu.alaska.edu/wp-content/uploads/2010/11/purchase_requisition.pdf

2. Obtain the proper signatures for approval.

Requisitioned by: Your signature

Approved by: Your supervisor, Director of Administrative Services, or College Director

Procurement Officer: Accounting Supervisor or Director of Administrative Services

Approval and Procurement must be two different people.

3. Turn in **COMPLETED** paperwork to Administrative Services.

Events

1. Fill out Purchase Requisition(s). ***This must be done prior to any purchasing regardless of the method of payment.*** You must have one Purchase Requisition (PR) for each vendor you will be purchasing from. Example: Carrs, Fred Meyers, Staples, Grainger etc...

****If a Purchase Order is to be utilized some vendors require the name of the person who will be picking up the items; please indicate this on the PR****

http://matsu.alaska.edu/wp-content/uploads/2010/11/purchase_requisition.pdf

2. Fill out Representational and Non-Representational Expenditure form(s) (rep/non-rep form). You must complete a rep/non-rep form for each vendor you will be purchasing from. ***ALL signatures must be obtained prior to any purchasing, regardless of the method of payment.***

<http://matsu.alaska.edu/wp-content/uploads/Rep-Allowance-Form-Rev-Mar-2016.pdf>

3. Obtain the proper signatures for approval.

Rep/Non-Rep Form

Designated Signature Certified and Approved: College Director

Fiscal Signature Authority: Director of Administrative Services or Accounting Supervisor

Purchase Requisition:

Requisitioned by: Your signature

Approved by: Your supervisor, Director of Administrative Services, or College Director

Procurement Officer: Accounting Supervisor or Director of Administrative Services

Approval and Procurement must be two different people.

4. Turn in **COMPLETED** paperwork to Administrative Services.

5. If you chose "Employee Reimbursement" as method of payment, you must fill out the Employee Reimbursement form after completing the purchase. Original receipts must accompany the form. You must also have a copy of the completed rep/non-rep form included. Turn in **completed** form to Administrative Services.

<http://matsu.alaska.edu/wp-content/uploads/ERR-FORM.pdf>

MATANUSKA-SUSITNA COLLEGE University of Alaska Business Office (907) 745-9705 POB 2889 • Palmer, AK 99645	PURCHASE REQUISITION ... this is NOT a purchase order...
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SUGGESTED SUPPLIER: Phone Number: Fax Number: Website URL:	BUSINESS OFFICE USE ONLY				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PO#</td> <td style="width:50%;">CALL#</td> </tr> <tr> <td colspan="2">VENDOR #</td> </tr> </table>	PO#	CALL#	VENDOR #	
PO#	CALL#				
VENDOR #					

DELIVERY DATE	CONTACT	BID/QUOTE#	SHIP VIA	F.O.B.	TERMS
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ITEM	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE

COURSE TITLE & CRN:	Estimated freight cost:
	Grand Total:

ITEM	FUND	ORG	ACCT	AMT	Date items needed: _____
					Requestors phone # _____
					Requisitioned by: _____
					Signature _____ Date _____

BUSINESS OFFICE USE ONLY			
Approved by: _____		Procurement Officer: _____	
Signature	Date	Signature	Date
I approve this purchase and certify that property has been screened for campus/statewide availability as required by University property regulations.			

MATANUSKA-SUSITNA COLLEGE University of Alaska Business Office (907) 745-9705 POB 2889 • Palmer, AK 99645	PURCHASE REQUISITION ... this is NOT a purchase order...
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SUGGESTED SUPPLIER: Vendor of choice - you must have a separate form for each vendor Phone Number: _____ Ext. _____ Fax Number: _____ Website URL: http:// _____	BUSINESS OFFICE USE ONLY PO# _____ CALL# _____ VENDOR # _____
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DELIVERY DATE	CONTACT	BID/QUOTE#	SHIP VIA	F.O.B.	TERMS
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ITEM	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
	*Example for event purchases				
1	Lunch Supplies - not to exceed \$100.00 to be picked up by Perfect Employee	1	lot	\$100.00	\$100.00
2	Paper Products for Lunch: Napkins, Plates, silverware	1	lot	\$50.00	\$50.00

COURSE TITLE & CRN: Specific course and/or dept the supplies will benefit	Estimated freight cost:
	Grand Total: \$150.00

ITEM	FUND	ORG	ACCT	AMT	Date items needed: DO NOT USE ASAP
1	You may	leave blank	if not known	100.00	Requestors phone # _____
2	106710	26601		50.00	
					Requisitioned by: _____ Signature _____ Date _____

BUSINESS OFFICE USE ONLY			
Approved by: _____		Procurement Officer: _____	
Signature	Date	Signature	Date
I approve this purchase and certify that property has been screened for campus/statewide availability as required by University property regulations.			

UAA Representational (Rep) Expense Allowance Form

Representational expenses are defined in UA BOR [R05.02.070](#)

Representational (Rep) Allowance forms must be completed for all activities that fall into the following categories. These types of expenditures most typically include entertainment (8115) or commodity or gift (4008/4018) type expenses. It may also include catered events, meals provided during a work session (3008/3018), or catered fundraising events (3038/4038). See Rep Allowance Guidelines for details.

Any 8115 expense over \$200, and any gifts or "other discretionary expenditures" expense, requires the signature of the Rep Allowance designee (assigned by the Chancellor). Any non-8115 entertainment-like expenses, or any 8115 expense under \$200 can be approved by the fiscal or account manager, with the exception of gifts and "other discretionary expenditures." The purchase of gifts costing more than \$100 requires approval of the VC Administrative Services.

Event: _____ **Date of Event:** _____

Vendor Name: _____ **Location of Event:** _____

Method of Payment: PO JV LPO Reimbursement Procard

Does this event include alcohol?: No Yes**

****If yes, please break out the alcohol amount (including bartender and liquor license fees), indicate an allowable non-public funding source, and attach a copy of the approved Request for Beer and Wine**

Does this request include gifts?: No Yes**

****If yes, please provide the name of the recipient(s) and all other required documentation as per BOR R05.02.070(F)(5). Attach additional pages if necessary.**

Provide the fund/org/acct for event (provide grant number, if restricted funds will be used):

Fund: _____ Org: _____ Account: _____ Amount: \$ _____ Grant #: _____
 Fund: _____ Org: _____ Account: _____ Amount: \$ _____ Grant #: _____

Business reason and benefit gained or expected to be gained by UAA. Include an activity description or nature of business discussion to occur: _____

List of attendees including business relationship (role/title) and names of any UA employees to be present for meal/entertainment. Identify groups if applicable. Attach agenda/list if applicable: _____

Certification of benefit to the university and appropriateness of expenditure:

I certify that the expense(s) included in this request for reimbursement or payment are incurred for the benefit of the university or the respective funding agency in connection with the performance of the official duties and obligations, and that, in my opinion, such expenditure(s) represent(s) an appropriate use of public or other funds used to support the expenditure.

(Print Name) Designated Signature Authority (if 8115 over \$200): _____

(Print Name) Fiscal Signature Authority (if 8115 under \$200, or non-8115): _____

(Signature) Certified and approved: _____ **Date:** _____

UHDCS waiver approval:** _____ **Date :** _____

Reason for waiver request: _____

****Waiver must be obtained if self-catering an on-campus event costing \$500 or more.**



EMPLOYEE REIMBURSEMENT FORM

INSTRUCTIONS: Complete all fields. Attach the original receipt(s), and a completed and approved Representational / Non-Representational / Foundation Expenditures form if the reimbursement is for a 3008/4008/8115 expense. Do **NOT** enter a requisition into Banner. Please forward to Business Services for Direct Payment. **Please note: this form cannot be used for travel reimbursement.**

Name of UA employee: _____

UA ID: _____

Description of purchase: _____

Vendor name: _____ Date of purchase: _____

Invoice/receipt number(s): _____

Original receipt must be attached. Account(s) to be charged:

Fund	/	Org	/	Acct	/	Amount
Fund	/	Org	/	Acct	/	Amount

 Signature of employee who made the purchase Date

 Signature of supervisor approving the purchase/budget Date

 Director of Administrative Services approval Date

MSC Accounts Payable Use: