



PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDER

<b>General Order Number:</b> 07-08	<b>Effective Date:</b> January 2010
<b>Division:</b> Fiscal Affairs	
<b>Chapter:</b> Expenditure Requests & Accounts Payable	
<b>By Order of the Fire Chief:</b> Marc S. Bashoor	<b>Revision Date:</b> N/A

## **POLICY**

This General Order shall establish guidelines for accounts payable inclusive of 51 & 52 budgets. All payments processed through Fiscal Affairs must be approved accommodated by signatures from responsible party.

## **DEFINITIONS**

N/A

## **PROCEDURES / RESPONSIBILITIES**

### **1. Expenditure Requests**

An expenditure request form is utilized by the offices to make needed purchases for their respective office.

All expenditure request forms must come from the requesting responsible party through the respective Command. The authorized forms are forwarded from the Command to Logistics for approval and processing.

The authorized forms from the Command are forwarded via email to Logistics with a signed hard copy following for proper handling. The expenditure request form must be completed in its entirety, including:

- What is being purchased
- Fund/Account/Center
- Estimated Cost
- Signature from Command
- Copy of all required quotes attached to hard copy

Logistics records the purchase on their expenditure control system monthly worksheets. These are reviewed by Fiscal Affairs for expenditure accountability.

Apparatus Maintenance expenditures are handled within Apparatus Maintenance utilizing their job-cost system and recording to the expenditure control monthly worksheets.

Building maintenance and medical supplies require special handling.



## **2. Accounts Payable Authorization for Payments**

Accountable parties must authorize payments for routine monthly invoices and bills with appropriate fund/account/center noted. This should also be accompanied at all times with a signature. Once approved, these are forwarded to Fiscal Affairs.

Following, Fiscal Affairs will prepare payment documents and send the payment, via interdepartmental mail, to the County's accounts payable department located at the County Administration Building. A minimum of two weeks must be allowed in order to process and post payments.

Logistics will be responsible for processing payments for blanket purchase orders that they handle.

### **REFERENCES**

N/A

### **FORMS / ATTACHMENTS**

Attachment #1- Expenditure Request Form

## **FY10 - EXPENDITURE REQUEST FORM**

Date: \_\_\_\_\_

TO: Angela M. Peden, Lt. Colonel  
Management Services Command

Approved: \_\_\_\_\_

FROM: James W. Trexler, Manager  
Logistics & Supply

Denied: \_\_\_\_\_

RE: FY2010 Expenditure Request

### **Select Type of Purchase**

\_\_\_\_ Printing (Logistics)                      \_\_\_\_ Equipment (Logistics)  
\_\_\_\_ Supplies/Food\* (Logistics)              \_\_\_\_ Equipment Repairs (Logistics)  
\_\_\_\_ Subscription\* (Fiscal Affairs)          \_\_\_\_ Membership\* (Fiscal Affairs)  
\_\_\_\_ Training/Travel (Fiscal Affairs) [*Requires DCAO approval* - attach travel request package]  
**On approved travel plan? (Y/N) \_\_\_\_** (If no, substitution made: \_\_\_\_\_)

\*Requires documents to be attached (see procedures)

**Requesting Office:**                      Fund    Account                      Center  
                                                         GF01                                              512504  
                                                         (Grants) SR07                      \_\_\_\_\_

### **Description of Expenditure**

Item	Quantity	Estimated Cost	Estimated Total
		\$	\$
<b>Total</b>			\$

**\*\* Do not combine County inventory with outside purchases or printing (use separate form)**

**Justification:**

**Time Frame Needed:** ASAP

### **Action Taken:**

Date: \_\_\_\_\_ Actual Cost: \_\_\_\_\_ Vendor: \_\_\_\_\_

F/A/C Charged: \_\_\_\_\_

Bid/Quote Necessary: \_\_\_\_\_

Credit Card or Requisition #/PO #: \_\_\_\_\_

Other Payment: \_\_\_\_\_

Processing Notes: \_\_\_\_\_

\_\_\_\_\_  
(Handler)

Copy to: