



## Administrative Policy

<b>Policy Title:</b>	<b>Administrative Procedures related to Board Fiscal Responsibilities</b>
<b>Policy #:</b>	<b>07-001-0006</b>
<b>Effective Date:</b>	02/19/2025
<b>Approved by:</b>	Telly Delor, Chief Operating Officer
<b>Functional Area:</b>	Finance
<b>Responsible Leader:</b>	Karen Farr, Chief Financial Officer
<b>Policy Owner:</b>	Kyle McLeod, Administrative Specialist, Financial Management
<b>Applies to:</b>	All SCCCMH Staff and Board Members

**Purpose:** To set out the procedural actions and responsibilities to be followed by the SCCCMH Board of Directors and identified staff to implement Board Policy #07-001-0005, Board Fiscal Responsibilities.

### I. Policy Statement

It is the policy of St. Clair County Community Mental Health (SCCCMH) to set proper internal controls to implement the fiscal directives of the SCCCMH Board of Directors has approved in [Board Policy #07-001-0005, Board Fiscal Responsibilities](#). Board members and staff must follow the Procedures contained in this Administrative Policy.

### II. Standards

N/A

### III. Procedures, Definitions, and Other Resources

#### A. Procedures

#### Responsibilities

Position	Responsibilities
Chief Financial Officer	Oversight of all SCCCMH fiscal operations, including budget and budgetary compliance, financial reporting, cost settlement, purchasing, accounts payable, payroll processing, credit card use, capital asset

Position	Responsibilities
	management, and charitable funds management.
Chief Executive Officer	<ol style="list-style-type: none"> <li>1. Review and approve budget prior to submission to the SCCCMH Board.</li> <li>2. Review and approve all purchases according to the thresholds outlined in the following policy sections.</li> <li>3. Review and submit Community Foundation Endowment Fund requests to the SCCCMH Board.</li> <li>4. Contact donors to acknowledge charitable donations.</li> </ol>
Finance Staff	Perform fiscal operations at the direction of the CFO.
Finance Administrative Assistant	<ol style="list-style-type: none"> <li>1. Prepare purchase requests for review by Department Supervisor(s).</li> <li>2. Coordinate purchase orders and delivery verifications and submit to Finance Department for payment.</li> </ol>
Department Supervisor	<ol style="list-style-type: none"> <li>1. Review and approve purchase requests.</li> <li>2. Coordinate with Clerical Staff to prepare purchase requests.</li> </ol>
Member of Special Committee or Advisory Council	Follow policy requirements to waive or request per diem reimbursements.
Program Director	Approve and submit per diem reimbursement requests to Finance.
Contract Manager	Ensure appropriate vendor payment in coordination with Accounts Payable.
Credit Card Holder	<ol style="list-style-type: none"> <li>1. Sign form <a href="#">#0248 Cardholder Agreement</a>.</li> <li>2. Comply with requirements for credit card use.</li> </ol>
Staff	Request charitable funds as needed for individuals served, using form <a href="#">#0257 Special Fund Account Request</a> .
Director/Supervisor	<ol style="list-style-type: none"> <li>1. Review and approve purchase requests.</li> <li>2. Coordinate with Clerical Staff to prepare purchase requests.</li> <li>3. Accept donated items of use to SCCCMH and notify CFO/designee.</li> </ol>

### Actions – Budget and Budgetary Compliance

Action Number	Responsible Stakeholder	Details
1.0	Finance Staff	<ol style="list-style-type: none"> <li>1. Prepare the SCCCMH annual operating budget under the direction of the Chief Financial Officer (CFO).</li> </ol>
2.0	Chief Financial Officer	<ol style="list-style-type: none"> <li>2. Prepare the SCCCMH annual operating budget, identifying the fund sources associated with each expenditure category (e.g., Medicaid, Healthy Michigan Plan, CCBHC Demonstration, General Fund, Grants, Local, etc.)</li> <li>3. Review budget for reasonableness.</li> <li>4. Summarize budget and compare the total of all Medicaid, and all other funding sources, budgeted expenses</li> </ol>

		<p>submitted to projected amount available to pay for Medicaid and all other funding sources covered services.</p> <ol style="list-style-type: none"> <li>5. Recommend identified reductions if the total of the reviewed budget is greater than the amount designated for service provision.</li> <li>6. Present the prepared budget to the Chief Executive Officer and provide explanations or clarification as needed.</li> <li>7. Finalize the budget with any recommended changes.</li> <li>8. Summarize and present budget to the SCCCMH Board for approval.</li> <li>9. Submit the prepared budget to the Region 10 CFO for approval of expenses within the regional budget after SCCCMH Board approval.</li> </ol>
3.0	Chief Executive Officer	<ol style="list-style-type: none"> <li>10. Review, approve, or make recommended reductions if the total of the reviewed Medicaid and all other funding sources budget is greater than the amount designated for service provision.</li> <li>11. Approve the budget to be submitted to the SCCCMH Board for approval.</li> </ol>
4.0	SCCCMH Board	<ol style="list-style-type: none"> <li>12. Approve the annual budget with funding sources identified as applicable for submission to the Region 10 PIHP.</li> </ol>

### Actions – Financial Reporting

Action Number	Responsible Stakeholder	Details
1.0	Finance Staff	<ol style="list-style-type: none"> <li>1. Prepare the financial reporting under the direction of the Chief Financial Officer.</li> </ol>
2.0	Chief Financial Officer	<ol style="list-style-type: none"> <li>2. Compile the summary Revenue and Expenses report, by funding source with relevant narrative for submission to Region 10 CFO as required by the contract with Region 10 PIHP or at intervals as required by the MDHHS contract.</li> <li>3. Prepare any required MDHHS fiscal reports utilizing the forms and instructions for those forms posted to the MDHHS website at the intervals designated in the contracts with MDHHS and Region 10 PIHP.</li> <li>4. Ensure that an independent review of the prepared MDHHS fiscal reports by a person who is knowledgeable is performed along with a final review by the PIHP Chief Financial Officer prior to submission.</li> <li>5. Submit to SCCCMH Board any required MDHHS fiscal reports in the required format and at the intervals designated in the contracts with MDHHS and Region 10 PIHP for review and information.</li> </ol>

Action Number	Responsible Stakeholder	Details
		6. Submit to MDHHS and/or Region 10 PIHP any required fiscal reports at the intervals designated in the contracts with MDHHS and Region 10 PIHP.

### Actions – Cost Settlement

Action Number	Responsible Stakeholder	Details
1.0	Finance Staff	1. Prepare the cost settlement under the direction of the Chief Financial Officer.
2.0	Chief Financial Officer	2. Present the preliminary settlement reports to the Chief Executive Officer and provides any explanation or clarification needed. 3. Finalize the preliminary settlement reports with any recommended changes. 4. Submit the preliminary settlement reports to the Region 10 PIHP CFO per the timeline specified in the contract. 5. Finalize the settlement reports with any required or recommended changes from the Region 10 PIHP CFO review. 6. Submit final settlement report to the Region 10 PIHP CFO and MDHHS by the required due dates. 7. Presents the final settlement report to the SCCCMH Board for review and information
3.0	SCCCMH Board	8. Review the final settlement report as submitted to MDHHS.

### Actions – Purchase Request: Purchases under \$10,000

Action Number	Responsible Stakeholder	Details
1.0	Finance Administrative Assistant	1. Prepare a purchase requisition using the computerized merge shell document, indicating: <ol style="list-style-type: none"> <li>Date requisition typed</li> <li>Vendor's complete name and address</li> <li>Complete program name and address where items should be shipped.</li> <li>Fiscal department number to be charged with the purchase, along with the account number from the Chart of Accounts (Exhibit A), quantity, description, and unit price for each item. For capital assets, obtain account coding from the Finance</li> </ol>

Action Number	Responsible Stakeholder	Details
		<p>Department. Exhibit A is a list of the commonly used expense accounts only.</p> <ul style="list-style-type: none"> <li>e. List special ordering instructions on the purchase requisition. Add the fax number listed if the order is to be faxed in. If ordering from a new vendor catalog, include the order form. Make sure to include shipping charges and/or discounts (if applicable) on the purchase requisition.</li> <li>f. Placing orders from vendors that do not require a purchase requisition or purchase order may be done through the use of an Agency credit card or the Agency Amazon account. Requests can be submitted via email to the Finance Administrative Assistant with Supervisors approval attached or simply print off a “shopping cart” then have the supervisor sign and date it and send it up to the Finance Administrative Assistant to proceed with placing the order. NOTE: Individual account numbers must be identified appropriately.</li> </ul> <p>2. For purchase requisitions and purchase orders only, not credit card requests: Forward the original copy to the Supervisor for review and signature.</p>
2.0	Supervisor	<p>3. Review and sign purchase requisition, verifying availability of program funding and approval for purchase.</p> <p>4. Forward to Finance for review and processing.</p>
3.0	Finance Administrative Assistant	<p>5. Retrieve approved purchase requisition from the computer and manually assigns a number.</p> <p>6. Forward to the Chief Financial Officer/Designee for review and signature.</p>
4.0	Chief Financial Officer/ Designee	<p>7. Sign the numbered purchase order and returns to the Finance Administrative Assistant. NOTE: The Chief Financial Officer may make necessary changes prior to approving a purchase order. These may include: changing the vendor, combining orders to ensure the best price, correcting account numbers or returning the purchase requisition if no funds or insufficient funds are available.</p>
5.0	Finance Administrative Assistant	<p>8. Distribute four (4) copies of the purchase order as follows:</p> <ul style="list-style-type: none"> <li>a. White and yellow copy to Accounts Payable Clerk for matching with invoice for payment.</li> <li>b. Pink copy filed with Finance Clerical.</li> <li>c. Goldenrod copy returned to program.</li> </ul> <p>9. Receive delivery of the order and disperses to the</p>

Action Number	Responsible Stakeholder	Details
		appropriate department.
6.0	Supervisor/ Designee	10. Verify the order has been received by the Finance Administrative Assistant, indicating quantity and description of order are all correct. If the order is incorrect, must contact the Finance Administrative Assistant to notify them of any discrepancies before the indicated return policy expires.
7.0	Finance Administrative Assistant	11. Attach the delivery slip to the purchase order and forwards the paperwork for the payment process to the Finance Department, with the approval that the order is complete, satisfactory and is approved to pay.

**Actions – Purchase Request: Aggregate purchases of \$10,000 but less than \$50,000.**

Action Number	Responsible Stakeholder	Details
1.0	Staff	<ol style="list-style-type: none"> <li>1. Prepare a purchase request which includes the following: <ol style="list-style-type: none"> <li>a. Equipment or service to be purchased.</li> <li>b. Price or rate quotations will be obtained from an adequate number of qualified sources as determined appropriate by the Agency (unless the purchase is considered an emergency or from a sole source provider).</li> <li>c. Rationale for how equipment/service is to be used as it relates to SCCCMH services.</li> </ol> </li> <li>2. Submit the purchase request to the Department Supervisor for review and approval.</li> </ol>
2.0	Department Supervisor	<ol style="list-style-type: none"> <li>3. Review and sign purchase requisition, verifying availability of program funding and approval for purchase.</li> <li>4. Forwards to Finance for review and processing.</li> </ol>
3.0	Chief Financial Officer/ Designee	<ol style="list-style-type: none"> <li>5. Sign the numbered purchase order and returns to Finance Administrative Assistant.</li> </ol>

**Actions – Purchase Request: Aggregate purchases of \$50,000 but less than \$150,000.**

Action Number	Responsible Stakeholder	Details
1.0	Finance Administrative Assistant	<ol style="list-style-type: none"> <li>1. Prepare a purchase request which includes the following: <ol style="list-style-type: none"> <li>a. Equipment or service to be purchased.</li> <li>b. Price or rate quotations will be obtained from an adequate number of qualified sources as determined appropriate by the Agency (unless the purchase is considered an emergency or from a sole source provider).</li> <li>c. Rationale for how equipment/service is to be used as it relates to SCCCMH services.</li> </ol> </li> <li>2. Submit the purchase request to the Department Supervisor for review and approval.</li> </ol>
2.0	Department Supervisor	<ol style="list-style-type: none"> <li>3. Review and sign purchase requisition, verifying availability of program funding and approval for purchase.</li> <li>4. Forward to Finance for review and processing.</li> </ol>
3.0	Chief Financial Officer	<ol style="list-style-type: none"> <li>5. Review the purchase request, approving or denying it.</li> <li>6. Submit to the CEO/Designee for review and approval.</li> </ol>
4.0	Chief Executive Officer	<ol style="list-style-type: none"> <li>7. Review the purchase request, approving or denying it within 14 calendar days.</li> <li>8. Submit an email to the SCCCMH Board for all approved aggregate purchases greater than \$100,000.</li> </ol>

**Actions – Purchase Request: Aggregate purchases of \$150,000 or greater.**

Action Number	Responsible Stakeholder	Details
1.0	Finance Administrative Assistant	<ol style="list-style-type: none"> <li>1. Prepare a purchase request which includes the following: <ol style="list-style-type: none"> <li>a. Equipment or service to be purchased.</li> <li>b. Three (3) formal bids unless waived by the Chief Executive Officer/Designee based on non-availability of bids, seeking bids is not in the agency's best interest due to facts known and/or timing constraints, or other extenuating circumstances (If bids are not obtained follow procedure d. below)</li> <li>c. Rationale for how equipment/service is to be used as it relates to SCCCMH services.</li> </ol> </li> <li>2. Submit the purchase request to the Department Supervisor for review and approval.</li> </ol>

Action Number	Responsible Stakeholder	Details
2.0	Department Supervisor	<ol style="list-style-type: none"> <li>Review and sign purchase requisition, verifying availability of program funding and approval for purchase.</li> <li>Forward to Finance for review and processing.</li> </ol>
3.0	Chief Financial Officer	<ol style="list-style-type: none"> <li>Review the purchase request, approving or denying it.</li> <li>Submit to the CEO/Designee for review and approval</li> </ol>
4.0	Chief Executive Officer	<ol style="list-style-type: none"> <li>Review and recommends decision to the SCCCMH Board.</li> </ol>
5.0	SCCCMH Board	<ol style="list-style-type: none"> <li>Approve or deny the purchase request within 30 calendar days.</li> </ol>

### **Actions – Purchase Request: Alternative purchase process if bids are not available**

Action Number	Responsible Stakeholder	Details
1.0	Staff/Department Supervisor	<ol style="list-style-type: none"> <li>Determine need and project scope.</li> <li>Obtain approval to obtain pricing and provide a preliminary estimate of cost, +/- 10%.</li> <li>Select equipment vendors with preference to those that will use GSA or MiDeal pricing.</li> <li>Select installation contractors using previous contracts that provide pricing or are currently under contract.</li> <li>Obtain an opinion letter from an outside, disinterested expert regarding the project/pricing.</li> <li>Forward all pricing to the Chief Executive Officer/Designee for approval.</li> </ol>
2.0	Chief Executive Officer	<ol style="list-style-type: none"> <li>Approve the project/pricing and inform the Board of Directors.</li> </ol>

### **Actions – Purchase Request: Special Committee Member/Advisory Council Member Per Diem Reimbursement**

Action Number	Responsible Stakeholder	Details
1.0	Special Committee Member	<ol style="list-style-type: none"> <li>Complete “Advisory Council Member Waiver of Per Diem” (Exhibit B) if member does not wish to receive a per diem payment. Submit to Chief Clinical Officer /designee. The signed waiver form is placed in the SCCCMH member reimbursement file.</li> <li>Complete Special Committee/Advisory Council Member Voucher (Exhibit C) denoting meeting date, and type of meeting for per diem reimbursement if attending a special committee/advisory council meeting. The committee chair</li> </ol>

Action Number	Responsible Stakeholder	Details
		<p>of the approved committee must sign the form. The form is then submitted to person/address listed at the bottom of the form on a monthly basis.</p> <p>3. Obtain prior approval from the Chief Clinical Officer for all committee/council member meetings not sponsored by SCCCMH. If committee/council member travels out of county, SCCCMH will reimburse for mileage at the IRS approved rate of reimbursement</p>
2.0	Chief Clinical Officer	<p>4. Approve per diem form and submits to the Finance Department for payment. Reimbursement will occur in the next available Accounts Payable cycle.</p>

### **Actions – Payment of Bills via Check, ACH or Wire Transfer: Payment Processing**

Action Number	Responsible Stakeholder	Details
1.0	Contract Manager/ Staff/ Designee	<p>1. Identify need for payment to vendor and prepares payment request by completing form <a href="#">#0265 Check Request</a>. All supporting documentation including but not limited to statements, vouchers and contractual agreements must accompany the invoice.</p> <p>2. Submit payment request and supporting documentation to Accounts Payable Clerk.</p>
2.0	Accounts Payable Clerk/ Designee	<p>3. Collect and enter invoices into the Accounts Payable software in a timely manner.</p>
3.0	Finance Supervisor/ Designee	<p>4. Review the invoices entered into the Accounts Payable software for proper approval, supporting documentation, accuracy of payment and verification that the appropriate general ledger accounts have been used. Approve batch(es) containing the invoices to be posted in the Accounts Payable software.</p> <p>5. Provide Accounts Payable Clerk with any corrections that need to be made.</p> <p>6. Approve corrections made and communicates to Accounts Payable Clerk that approval and posting is complete.</p>
4.0	Accounts Payable Clerk	<p>7. Select and process vendor payments once weekly on Thursday for all invoices that have been received by 5:00 pm on the preceding Friday, which have been approved and posted by the</p>

Action Number	Responsible Stakeholder	Details
		<p>Finance Supervisor.</p> <p>8. Deliver check payments to the appropriate requestor and mails out all other check payments of a routine nature directly to the vendor.</p>

### **Actions – Payment of Bills via Check, ACH or Wire Transfer: Emergency Payment Request**

Action Number	Responsible Stakeholder	Details
1.0	Contract Manager/ Staff/ Designee	<ol style="list-style-type: none"> <li>1. Identify need based on the definition in Board Policy <a href="#">#07-001-0005, Board Fiscal Responsibilities</a>, Section E, for payment to be prepared on a day other than Thursday or for payment requests submitted past the 5:00 pm Friday deadline.</li> <li>2. Complete form <a href="#">#0252 Emergency Check Request</a> and obtain approval of the Chief Financial Officer/Designee and one other member of the Leadership Team.</li> </ol>
2.0	Chief Financial Officer/ Designee and Leadership Team Member	<ol style="list-style-type: none"> <li>3. Review form <a href="#">#0252 Emergency Check Request</a> and approve or deny payment request.</li> </ol>
3.0	Contract Manager/ Staff/ Designee	<ol style="list-style-type: none"> <li>4. Submit approved form <a href="#">#0252 Emergency Check Request</a> to Accounts Payable Clerk along with the invoice and supporting documentation.</li> </ol>
4.0	Accounts Payable Clerk	<ol style="list-style-type: none"> <li>5. Enter invoice into the Accounts Payable software upon receipt of approved form <a href="#">#0252 Emergency Check Request</a> and supporting documentation.</li> </ol>
5.0	Finance Supervisor/ Designee	<ol style="list-style-type: none"> <li>6. Review the invoice entered into the Accounts Payable software for proper approval, supporting documentation, accuracy of payment and verification that the appropriate general ledger accounts have been used. Verify approved invoices to be posted in the Accounts Payable software.</li> <li>7. Provide the Accounts Payable Clerk/Designee with any corrections that need to be made.</li> <li>8. Approve corrections made and communicates to Accounts Payable Clerk/Designee that approval and posting are complete.</li> </ol>
6.0	Accounts Payable Clerk/ Designee	<ol style="list-style-type: none"> <li>9. Select and process vendor payment and give to requestor to be forwarded to the appropriate vendor.</li> </ol>

### Actions – Payment of Bills via Check, ACH, or Wire Transfer: ACH Payments and Wire Transfers

Action Number	Responsible Stakeholder	Details
1.0	Chief Financial Officer/ Designee	<ol style="list-style-type: none"> <li>1. Is responsible for all ACH payments and wire transfer payments, including payment approval, accounting, reporting and generally overseeing compliance with the resolution for ACH and electronic transactions. Note: Most electronic transfer payments are made by ACH. Wire transfer payments are rarely used, except for payroll.</li> <li>2. Is responsible for the approval of the “Vendor/Provider Authorization Agreements for Electronic Funds Transfers” (Exhibit D) submitted for consideration after assuring that the Accounts Payable Clerk has obtained the verbal confirmation for the initiation of or change of banking information from the Vendor/Provider organization.</li> <li>3. Notify the IT Director, Chief Executive Officer, and Chief Operating Officer of suspicious email from Vendor/Provider requesting a change in banking information that has been verbally confirmed as not originating from the Vendor/Provider.</li> </ol>
2.0	Accounts Payable Clerk/Payroll Administrative Specialist	<ol style="list-style-type: none"> <li>4. Enter all ACH payments in the Accounts Payable system as any other check payment.</li> <li>5. Is responsible for obtaining a verbal verification from a Vendor/Provider that confirms that they have submitted a “Vendor/Provider Authorization for Electronic Funds Transfers” (Exhibit D) for consideration to SCCCMH.</li> <li>6. Notify the Chief Financial Officer and Finance Supervisor immediately if a Vendor/Provider verbally confirms that a change in banking information request did not originate from the Vendor/Provider.</li> <li>7. Is responsible for creating a “Pre-Note” of the Vendor/Provider’s banking information in the SCCCMH Finance Accounting system, which is then uploaded by the Chief Financial Officer/Designee into the Northstar Bank online banking system as indicated below in items 4.0 #11-14 and 5.0 #15, for verification by Northstar Bank before ACH transactions occur.</li> </ol>
3.0	Finance Supervisor/ Designee	<ol style="list-style-type: none"> <li>8. Review the invoice entered into the Accounts Payable software for proper approval, supporting documentation, accuracy of payment and verification that the appropriate general ledger accounts have been used. Verifies approved invoices to be posted in the Accounts Payable</li> </ol>

Action Number	Responsible Stakeholder	Details
		<p>software.</p> <p>9. Provide the Accounts Payable Clerk/Designee with any corrections that need to be made.</p> <p>10. Approve corrections made and communicates to Accounts Payable Clerk/Designee that approval and posting are complete.</p>
4.0	Finance Supervisor	<p>11. Review the batch of ACH payments, ACH Pre-Note, or wire transfer payments for accuracy then uploads the ACH payments or Pre-Note to the bank or completes the wire transfer payment processing fields in the appropriate online banking section.</p> <p>12. Confirm with the Accounts Payable Clerk that any change of banking information related to an ACH Pre-Note has been verbally confirmed with the Vendor/Provider and approved by the Chief Financial Officer.</p> <p>13. Notify the Chief Financial Officer if any suspicious changes in banking information have been requested and Vendor/Provider has confirmed that the request did not originate from them.</p> <p>14. Notify the Chief Financial Officer/Designee that the ACH payments and/or the ACH Pre-Note are ready to be initiated or that a wire transfer requires approval.</p>
5.0	Chief Financial Officer/ Designee	<p>15. Initiate ACH payments or wire transfer payments and notify the Finance Supervisor and the Accounts Payable Clerk upon completion.</p>
6.0	Administrative Specialist	<p>16. Prepare monthly summary of all ACH payments and wire transfer payments for approval by the SCCCMH Board.</p> <p>17. Complete the monthly bank reconciliation.</p>
7.0	Chief Financial Officer	<p>18. Submit to the Chief Executive Officer/Designee documentation detailing the date of payment, payee, amount of payment and description/reason for payment for SCCCMH Board approval.</p>
8.0	SCCCMH Board	<p>19. Approve all ACH payments or wire transfer payments submitted on the vendor check register.</p>

### Actions – Payroll Processing: Payment Processing

Action Number	Responsible Stakeholder	Details
1.0	Payroll Administrative Specialist/ Designee	<ol style="list-style-type: none"> <li>1. Is responsible for assuring that the processing of payroll incorporates steps to ensure that employees receive compensation on the day (or days) as established by the Agency. Tasks include the calculation of wages, calculation of voluntary and statutory deductions; determining benefit time and accrual adjustments (e.g., vacation, sick, personal, holiday); and double-checking payroll for accuracy prior to submission of payroll processing into ADP. <ol style="list-style-type: none"> <li>a. Required taxes are withheld from pay checks in accordance with IRS regulations, the State of Michigan, and the City of Port Huron.</li> <li>b. Voluntary deductions, such as retirement contributions and health benefit premium costs to employees are withheld as the employee has agreed to them.</li> </ol> </li> <li>2. Is responsible for obtaining the completed and signed SCCCMH “Authorization Agreement for Automatic Deposits” form from the employee. (Exhibit E) <ol style="list-style-type: none"> <li>a. If the form is submitted via email or any in any other manner other than directly handed to the Payroll Administrative Assistant, the Payroll Administrative Assistant is responsible for obtaining a verbal confirmation from the employee that they submitted an “Authorization Agreement for Automatic Payroll Deposits” as well as confirming the information included on the form.</li> <li>b. In the event that the employee does not have a bank account to receive a direct deposit of their paycheck arrangements will be made with ADP for them to receive a paper check.</li> </ol> </li> <li>3. Is responsible for bringing any unforeseen situations of overpayment to the CFO for a determination of how to proceed in accordance with state laws, collective bargaining agreements, contracts, or other established policies.</li> <li>4. Is responsible for reporting lost checks to ADP to be void and providing the employee with a replacement check in accordance with ADP payroll processing procedures, once it has been clearly established that</li> </ol>

Action Number	Responsible Stakeholder	Details
		<p>the employees check has either been lost or accidentally destroyed.</p> <p>5. Is responsible for maintaining payroll records in accordance with the Agency records retention policy.</p> <p>6. Is responsible for assuring that Management is provided with the appropriate payroll reporting in order to monitor current staffing and budget variances.</p> <p>7. Is responsible for the remittance of the payroll liabilities and voluntary deductions to the appropriate taxing authority or vendor in a timely manner.</p>
2.0	Finance Administrative Specialist/ Designee	<p>8. Is responsible for reviewing and reconciling each payroll for accuracy prior to submission of payroll processing into ADP.</p> <p>a. If discrepancies are noted, work with the Payroll Administrative Specialist to identify and assist with corrections if necessary.</p>
3.0	Chief Financial Officer/ Designee	<p>9. Is responsible for the approval of the SCCCMH “Authorization Agreement for Automatic Deposits” (Exhibit E) submitted for consideration after assuring that the Payroll Administrative Specialist has obtained the verbal confirmation for the initiation of or change of banking information from the Vendor/Provider organization.</p> <p>10. Notifies the IT Director, Chief Executive Officer, and Chief Operating Officer of suspicious email from Vendor/Provider requesting a change in banking information that has been verbally confirmed as not originating from the Vendor/Provider.</p>

### Actions – Credit Cards

Action Number	Responsible Stakeholder	Details
1.0	Leadership Team	<p>1. Determine when a staff person requires a credit card due to ongoing and frequent need to make purchases only of goods or services for SCCCMH official business.</p> <p>2. Determine credit limit required, in coordination with the Chief Financial Officer.</p> <p>3. Complete form <a href="#">#0258 Staff Credit Card Request</a>.</p>
2.0	Chief Financial Officer/ Designee	<p>4. Provide the necessary information to obtain credit cards from the issuing company.</p>

Action Number	Responsible Stakeholder	Details
		5. Ensure approved credit limits in aggregate do not exceed 0.5% of the total budgets of SCCCMH.
3.0	Credit Card Holder (Staff)	<p>6. Sign form <a href="#">#0248 Cardholder Agreement</a> and comply with obligations contained in the agreement.</p> <p>7. Obtain and maintain required documentation (receipt) for all goods or services purchased, including cost, date of purchase, business purpose, and description.</p> <p>8. Provide a monthly summary on form <a href="#">#0251 Credit Card Charge Log</a> of all purchases, including date of purchase, vendor name, cost, and business purposes of expense.</p> <p>9. Attach copies of receipts to monthly summary and submit to immediate supervisor for review and approval.</p> <p>10. Complete form <a href="#">#0249 Receipt Exception</a> in the rare situations where a purchase, such as a telephone order, does not provide a receipt.</p>
4.0	Department Supervisor	<p>11. Review for appropriateness, approve, or deny select items.</p> <p>12. Review and approve form #0249 Receipt Exception.</p> <p>13. Submit to Finance Administrative Specialist, approved items for matching with monthly statement and payment by due date.</p> <p>14. Submit denied purchases to payroll for deduction from subsequent paycheck of applicable staff or have staff reimburse the Agency directly.</p>
5.0	Credit Card Holder (Staff)	<p>15. Report the loss or theft of credit card to immediate Supervisor and Finance Administrative Specialist as soon as is practical upon discovery. Comply with all requirements for cancellation of missing card and re-issuance of new card.</p> <p>16. Surrender credit card at termination of employment to their supervisor, who will in turn return it to the Finance Administrative Specialist.</p>
6.0	Finance Administrative Specialist	<p>17. Report the loss or theft of credit card to the issuing company as soon as is practical upon discovery.</p> <p>18. Make payment to avoid interest charges unless unavoidable due to unusual circumstances. In no case will the payment be more than 60 days from the initial statement date.</p>

### Actions – Capital Asset Management

Action Number	Responsible Stakeholder	Details
1.0	Finance Supervisor/ Designee	<ol style="list-style-type: none"> <li>1. Record and maintain fixed assets and capitalized purchases in the general ledger.</li> <li>2. Maintain a detailed schedule for all fixed assets, additions, and deletions. When the information becomes available, the detailed schedule will be updated to include information regarding the date of purchase, description, amount, and depreciation terms for individual items.</li> </ol>

### Actions – Charitable Fund Accounts and Donations: Charitable Fund Accounts (with the Exception of the Endowment Fund)

Action Number	Responsible Stakeholder	Details
1.0	Staff Member on Behalf of Individual Served	<ol style="list-style-type: none"> <li>1. Consult with Supervisor on the identified special need of an individual served, efforts to obtain funding for the need, and ultimately the desire to request funds from a special charitable fund account.</li> <li>2. Complete form <a href="#">#0257 Special Fund Account Request</a>, including detailed rationale for the need and identification of the most appropriate account, and obtains the necessary signatures signifying approval.</li> <li>3. Complete form <a href="#">#0252 Emergency Check Request</a>, if funding is needed outside of the regular Accounts Payable timeframe, obtains signatures of approval, and forward with form #0257 Special Fund Account Request to the Accounts Payable Clerk.</li> </ol>
2.0	Accounts Payable Clerk	<ol style="list-style-type: none"> <li>4. Receive the approved form #0257 Special Fund Account Request (and form #0252 Emergency Check Request, if applicable).</li> <li>5. Process the paperwork following the “Payment of Bills” procedures and issues the payment from the Special Fund Account.</li> <li>6. Follow the processes as described in the “Payment of Bills” procedures for the payment.</li> </ol>
3.0	Finance Administrative Specialist	<ol style="list-style-type: none"> <li>7. Maintain a spreadsheet of all expenditures made from each of the Special Fund Accounts.</li> <li>8. Prepare a monthly report of the Special Fund Accounts activity.</li> </ol>

### **Actions – Charitable Fund Accounts and Donations - Community Foundation Endowment Fund**

Action Number	Responsible Stakeholder	Details
1.0	Community Foundation	<ol style="list-style-type: none"> <li>1. Provide a fund Statement to SCCCMH on a quarterly basis that includes all fund activity as well as the net income or “spendable” balance.</li> <li>2. Maintain records of all donations, expenses, and income.</li> </ol>
2.0	Individual Identifying an Unmet Need (Staff)	<ol style="list-style-type: none"> <li>3. Consult with Supervisor or discusses with a member of the Leadership Team, the desire to access funds from the Endowment Fund to cover an identified unmet need.</li> <li>4. Complete form <a href="#">#0257 Special Fund Account Request</a>, including detailed rationale for the need, requested use of Endowment funds, and obtains the necessary signatures signifying approval.</li> </ol>
3.0	Chief Executive Officer	<ol style="list-style-type: none"> <li>5. Ensure requests in the amount of \$50,000 or higher from the Community Foundation Endowment fund are reviewed and approved by the SCCCMH Board.</li> </ol>
4.0	Chief Financial Officer	<ol style="list-style-type: none"> <li>6. Send a request by email to the Community Foundation with an explanation of the need for funds and requested funding amount, understanding that receipt of the funds may take 1-2 weeks after the Foundation approves the request.</li> <li>7. Provide the SCCCMH Board an annual accounting of the revenues and expenses of the Endowment Fund.</li> </ol>

### **Actions – Charitable Fund Accounts and Donations - Receipt of Charitable Donations**

Action Number	Responsible Stakeholder	Details
1.0	Service Director/Supervisor	<ol style="list-style-type: none"> <li>1. Accept items that the Agency wants or can use. Inform the donor of other agencies/organizations who may need the item if not accepted by SCCCMH.</li> <li>2. Notify the Chief Financial Officer/Designee of all donations.</li> </ol>
2.0	Finance Administrative Assistant	<ol style="list-style-type: none"> <li>3. Furnish the donor with a receipt upon their request.</li> </ol>
3.0	Finance Department Supervisor	<ol style="list-style-type: none"> <li>4. Inform the Chief Executive Officer/Designee of the donation.</li> <li>5. Ensure that the receipt of the donation is properly recorded and deposited if monetary.</li> </ol>

		6. Record applicable equipment items in the inventory record if in-kind donations are valued at \$10,000 or more.
4.0	Chief Executive Officer	7. Send a letter of acknowledgement to a donor that has made a charitable donation to SCCCMH for tax purposes.

**B. Related Policies**

[Board Policy #07-001-0005, Board Fiscal Responsibilities](#)

**C. Definitions**

N/A

**D. Forms**

[#0252 Emergency Check Request](#)

[#0258 Staff Credit Card Request](#)

[#0251 Credit Card Charge Log](#)

[#0257 Special Fund Account Request](#)

[#0265 Check Request](#)

**E. Other Resources** (i.e., training, secondary contact information, exhibits, etc.)

[Exhibit A: Chart of Accounts](#)

[Exhibit B: Per Diem Information Form or Waiver of Per Diem](#)

[Exhibit C: Committee/Advisory Council Meeting Member Voucher](#)

[Exhibit D: SCCCMH Authorization Agreement for Electronic Funds Transfer](#)

[Exhibit E: SCCCMH Authorization Agreement for Automatic Payroll Deposits](#)

**F. References**

N/A

## IV. History

- Initial Approval Date: 07/2018
- Last Revision Date: 01/2025 BY: Karen Farr
- Last Reviewed Date: 09/2023
- Non-Substantive Revisions: 02/2025
- Key Words: credit card, charitable, donation, purchase, buy, payment, cost settlement, fiscal