

<i>City of Commerce</i> Finance	Accounts Payable	SOP	201
Invoice Approval Policy		Version No	1.0
		Effective Date	01/17/08

1.0 Purpose

A written procedure to process invoice(s) for payment.

2.0 Scope

This policy will apply to all invoices for services rendered or items purchased.

3.0 Responsibility for Invoice Approval

The purchasing Staff, herein referred to as "Staff", is responsible to acquire the necessary approvals prior to submitting invoice(s) for payment to Finance. The Finance Department shall confirm appropriate approvals are on the invoice(s) and confirm available funds prior to processing the invoice for payment.

4.0 Invoice Approval Policy

4.1 Invoices to be paid from an *Open Purchase Order*

4.1.1 Finance Department shall provide a copy of the invoice to the department.

4.1.2 Staff shall confirm services rendered and/or merchandise purchased is adequate and in accordance with the specification(s).

4.1.3 In the approval box (see Exhibit A), Staff shall provide the following:

- Signature in the "Staff" field
- Date in the "Date" field
- Description of purchase/service rendered (i.e. Office Supplies, Professional Services) above the approval box
- Account number(s) in the "Acct #" field(s) and corresponding amount in the "\$" field(s)
- Purchase Order number in the "PO#" field and write "OPEN" next to the Purchase Order number [this will indicate that the invoice is being paid against an Open Purchase Order]

4.1.4 Staff may obtain approval from their Supervisor by having the Supervisor sign in the "Supv" field. [This is an optional field and is not required for payment of the invoice]

4.1.5 Staff shall obtain approval from the Department Head or authorized designee by having the Department Head sign in the "Dept Head" field.

4.1.6 Staff shall forward the approved invoice copy to Finance Department for payment.

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4.1.7 Finance will process invoice and payment will be mailed to vendor.

4.2 Invoices to be paid from a *Purchase Order*

4.2.1 Finance Department shall provide a copy of the invoice to the department.

4.2.2 Staff shall confirm services rendered and/or merchandise purchased is adequate and in accordance with the specification(s).

4.2.3 In the approval box, Staff shall provide the following:

- Signature in the "Staff" field
- Date in the "Date" field
- Description of purchase/service rendered (i.e. Office Supplies, Professional Services) above the approval box
- Account number(s) in the "Acct #" field(s) and corresponding amount in the "\$" field(s)
- Purchase Order number in the "PO#" field
 - If invoice is to be applied against the Purchase Order but the order is not complete, write "PARTIAL" next to the Purchase Order number and attach a copy of the Purchase Order
 - Upon receipt of the final invoice that is to be applied against the Purchase Order, write "FINAL" next to the Purchase Order number and attach the completed Purchase Order

4.2.4 Staff may obtain approval from their Supervisor by having the Supervisor sign in the "Supv" field. [This is an optional field and is not required for payment of the invoice]

4.2.5 Staff shall obtain approval from the Department Head or authorized designee by having the Department Head sign in the "Dept Head" field.

4.2.6 Staff shall forward the approved invoice copy to Finance Department for payment.

4.2.7 Finance will confirm appropriate approval(s), verify appropriate account number(s) and funds availability.

4.2.8 If there are no discrepancies, Finance will process invoice and payment will be mailed to vendor.

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4.3 Discrepancies

4.3.1 If there are discrepancies, such as incorrect account numbers, no funds available, and/or incomplete approval(s), invoice will be sent back to Staff for review and verification.

4.4 Special Instructions for Payment

4.4.1 If Staff requires payment to be returned back to the department and not mailed, indicate on the invoice next to the approval box "Return Check to Staff"

EXHIBIT A



INVOICE

MCI SERVICE SUPPORT
MCI SERVICE PARTS
1700 EAST GOLF ROAD
SULLAUMBURG IL 60173
847 265-2000

Remit To:
MCI SERVICE PARTS INC
4268 Paysphere Circle
Chicago, IL 60674

SHIPPED FROM: LOUISVILLE

Bill To:
CITY OF COMMERCE
2535 COMMERCE WAY
COMMERCE CA 90040

Ship To:
CITY OF COMMERCE
3555 JILLSON
COMMERCE CA 90040

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Date
5/18/07

CalCust No: 170000107192 **Order No:** J79517/00 **Customer PO#:** 58239
Job: ROT **Part:** CA **Stat:** 730 **Rep#:** FRO 1230E2W10300350324
Ship Via: **Terms:** NET 30
Pay Type: CHECK

Item Number/Description	U/M	Ordered	Shipped	Sell Price	Total
07-07-1178 LAMP-FOG	EA	4	4	56.15	216.60 \$
07-12-1311 HARNES-FOG LIGHTS	EA	2	2	28.20	56.46 \$
07-15-1125 SWITCH ASM-ROCKER, FOG LAMP	EA	2	2	24.43	48.86 \$
19-4-192 CLAMP I.E. CLOSED	EA	4	4	.72	2.88 \$

**APPROVAL
STAMP**

YOU KNOW THAT MCI SERVICE PARTS OFFERS PARTS FOR MOST
EQUITIVE MODELS? SEE HOW MCI CAN HELP YOUR BOTTOM LINE.
ASK YOUR FLEET SUPPORT MANAGER FOR FULL DETAILS.

INVOICE DUE: 10/18/07

INVOICE DESCRIPTION

Staff: _____	Date: _____
Acct #: _____	\$ _____
Acct #: _____	\$ _____
Acct #: _____	\$ _____
Vendor #: _____	PO #: _____
Supv: _____	Dept Head: _____
	Finance: _____

RETURN
CHECK TO
ADMIN

IMPORTANT NOTICE
This invoice will be returned to you if you do not accept it.
The number of packages delivered by carrier must match with the invoice and the packing slip.
Claims for damaged or lost goods must be filed within 15 days after receipt of goods. Damaged or
lost packages must be reported to our Customer Service Department.
Goods shipped that are damaged by the carrier will be replaced at no charge. After 15 days, we will be unable to replace the shipment.
If the goods are damaged, the carrier should be promptly notified of our Customer Service Department.
No goods may be returned without our written permission. Where applicable, a deduction will be made for use if goods are
returned without our written permission.

SUBTOTAL: 324.80
SALES TAX: 26.77
TOTAL: 351.57 \$
DEPOSIT:
AMT DUE: 351.57 \$