

**COUNTY OF SAN BERNARDINO  
PROBATION DEPARTMENT**

**PURCHASING PROCESS**

**Authority:**

Michelle Scray Brown, Chief Probation Officer

**Purpose:**

To establish guidelines by which the Department purchases goods and/or services as part of the general operating expenses provided for in the County budget.

**Definitions:**

Requestor: Any employee, volunteer, temporary employee, or affiliated individual working under the scope of the Probation Department.

Staff Request Form "Green": The form used to describe, justify, and approve the purchase of goods and/or services.

Procurement Card: Commonly referred to as Cal-Card.

Food Services Activity Request Form: Used for activities/events such as PO/PCO CORE Graduations, Multi-Agency Operations, and Department-Wide Sweeps.

Food Services Supplies Request Form: Used for Day Reporting Center classes and similar routine probation functions that are specific to clients (Adult and Juvenile).

**Responsibilities:**

**Goods and Services Purchases:**

I. Requestor:

- A. Complete Staff Request "Green" form (Attachment A) in its entirety (See "Guidelines: F") for all purchases of goods or services (Food Services are handled in the next section), regardless of method of payment or type of procurement.
- B. Acquire at least three (3) competitive quotes.
- C. Submit staff request and quotes to Supervisor/Division Director.

II. Supervisor and Division Director:

- A. Immediate Supervisor shall review all documentation, sign, date, and forward to next supervisor(s) in chain of command, ultimately securing the Division Director's approval.
- B. The Division Director must review all documentation, sign, date, and forward to the Fiscal-Purchasing.

III. Department Fiscal - Purchasing:

- A. Verify that all necessary documentation and signatures are included with the "Green" request, and follow-up with the requestor's Supervisor/Division Director as appropriate to secure all required information.
- B. Forward to Fiscal-Budget for review and approval of funding source, if grant funded.
- C. Forward computer related request to Automated Systems for review and/or quotes, and approval of system compatibility, if applicable.

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- D. Determine payment method based on the information for the specific request utilizing the County Procurement Manual.
- E. Complete purchase request, including documentation in the County Procurement system.
- F. Submit approved invoice, packing slip and backup documentation to Fiscal – Payables for processing.

### **Food Service Purchases:**

#### **I. Requestor:**

- A. For a Food Service Activity Request, contact the Food Services Manager and ensure Food Services is able to accommodate the request. If so, complete a Food Service Activity Request form (Attachment B).
  1. A Supervisor/Director must review all Food Service Activity Requests, sign, date, and contact the Finance Division (Payables/Purchasing/Budgets) for review and approval of funding source, if necessary.
  2. Deputy Chief Probation Officer must review all Food Service Activity Requests, sign, date, and forward to the Food Services.
  3. Maintain, for three (3) years, a signed roster of all attendees, an agenda, or documentation clearly identifying the purpose of the event.
- B. For Food Service Supply Requests, complete and submit the appropriate form (Attachment C).
  1. Complete form(s) in its entirety for all purchases of prepared and/or prepackaged goods, regardless of method of payment or type of procurement.
  2. Signed by a Division Director II if the request is cumulatively less than \$500.00, anything over that amount requires a DCPO signature.
  3. Pick-up items upon notice from Food Services.

#### **II. Department Food Services:**

- A. Verify that all necessary documentation and signatures are included with the Food Service Activity Request form and/or Food Service Supply Request form, and follow-up with the requestor as appropriate to secure all required information.
- B. Complete purchase request and contact requestor for pick-up of order, or contact Requestor indicating inability to fulfill request, and provide alternatives if possible.
- C. Submit approved invoice, packing slip, and backup documentation to Fiscal – Payables for processing.

### **Guidelines:**

- A. When a County contract exists for supplies and/or services, that contract must be utilized. For instance, the County maintains pre-bid and approved contracts for office supplies, paper and plastic products, and similar items. Check with the Department Fiscal - Purchasing if you have any questions.
- B. Under no circumstances may staff agree to, verbally approve or sign, any agreement (contract, purchase order, MOU, etc.) on behalf of the Department. Any purchase or agreement requiring a signature must only be approved and signed by the Chairperson of the San Bernardino County Board of Supervisors, County Purchasing Agent, or their designees. (See County Policy 11-06 – Contract Standards).
- C. The San Bernardino County Board of Supervisors have approved an agreement to provide for procurement (credit) card services, which allows the cardholder to sign for a purchase that meets all of the requirements as set forth in County and Department policy and procedure.

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- D. The Chief Probation Officer (CPO) may only sign Intra-Department MOUs or other documents when designated by the San Bernardino County Board of Supervisors.
- E. Procurement Card purchases must follow all of these guidelines, and also follow the County and Department Procurement Card procedure requirements.
- F. A Staff "Green" Request form shall be completed in its entirety for all purchases of goods or services, regardless of method of payment type of procurement. All sections must be completed fully to document the County purpose for the expense. The Description and Justification sections must provide sufficient information to clearly identify "what" is needed and "why" County funds are being expended.
- G. At least three (3) competitive quotes are generally required. The requestor should obtain and attach quotes to the Staff "Green" Request form from approved vendors. Quotes can be informal (obtained over the phone or internet with appropriate identifying information to include company, description of item and amount). Quotes must be of same items and/or services. If it is not practical to obtain three quotes, the requestor must articulate why it is not practical and include that documentation with their request form. Contact the Department's Fiscal - Purchasing if you have any questions regarding quotes, and/or need assistance in obtaining quotes.
- H. The minimum amount of time required for processing requests, excluding holidays and weekends, is fourteen (14) business days. Additional time or approvals may be required dependent on the specific requirements for any given request.

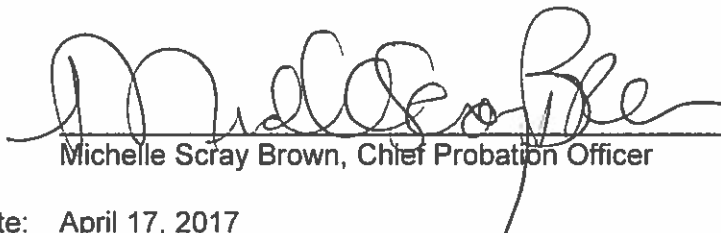
**Inspections:**

Refer to Policy and Procedure Inspection Matrix.

**Foundation:**

- Procurement Manual – County Purchasing Department
- Cal-Card Manual – County Purchasing Department
- Internal Controls and Cash Manual – Auditor Controller (ATC)
- San Bernardino County Policy Manual

Issued by:

  
Michelle Scray Brown, Chief Probation Officer

4-17-17  
Date

Original Issue Date: April 17, 2017

**Attachments:**

- A – Staff "Green" Request form
- B – Food Service Activity Request form
- C – Food Service Supply Request form

Tracking #

Probation Department

ORDER #

# STAFF REQUESTS

This form should be used to request services from Facilities Management, Information Services Department (major phone and data installations), furniture, equipment as well as cash or check advances and for trust fund purchases. It should not be used for requests for travel, training, memberships, pagers, etc. Please complete the information requested and obtain appropriate approvals prior to forwarding to Fiscal Services.

NAME (print): \_\_\_\_\_ UNIT/ASSIGNMENT: \_\_\_\_\_

PHYSICAL LOCATION Street \_\_\_\_\_ Floor/Room # \_\_\_\_\_ GRC Code: \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

### PLEASE COMPLETE THE APPROPRIATE SECTION BELOW ONLY

1. Is this a request for **FUNDS**? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes, list amount: \$ \_\_\_\_\_

b. If yes: Is this a **TRUST FUND** expenditure? Yes \_\_\_\_\_ OR **PETTY CASH** expenditure? Yes \_\_\_\_\_ (only check one)

Is this a request for Cash \_\_\_\_\_ OR Check \_\_\_\_\_ (only check one)

If this is a Trust Fund check request for unit incentives, what month? \_\_\_\_\_

Make check payable to: \_\_\_\_\_

c. Is this a request for a check **ADVANCE**? Yes \_\_\_\_\_ OR **REIMBURSEMENT**? Yes \_\_\_\_\_ (only check one)

2. Is this a request for **MERCHANDISE** or Service that you would like to purchase? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes: Is this a request to make a purchase for which the dept. will be billed? Yes \_\_\_\_\_ No \_\_\_\_\_

(Please attach three [3] quotes if applicable.) Est. Cost \_\_\_\_\_

Suggested vendor \_\_\_\_\_

b. Is this a request for merchandise obtained from another county agency? Yes \_\_\_\_\_ No \_\_\_\_\_

(1) Central Stores Yes \_\_\_\_\_ No \_\_\_\_\_

(2) Vehicle Services Yes \_\_\_\_\_ No \_\_\_\_\_

(3) Printing Services Yes \_\_\_\_\_ No \_\_\_\_\_

c. Do you intend to pick up or arrange for the pick up of requested items? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Is this a furniture move? \_\_\_\_\_ Telephone related request? \_\_\_\_\_ Computer related request? \_\_\_\_\_ Facilities Mgmt? \_\_\_\_\_

(Please submit a hand-sketched floor plan denoting the location of the requested telephone or computer request.)

DESCRIPTION OF ITEM/S REQUESTED ABOVE: (Attach specifications if applicable include SIZE & QUANTITY)

JUSTIFICATION **\*\*Please provide justification, or your request may be delayed.\*\*** (include minor's name(s) if applicable)

REQUESTOR: I understand that I am responsible for turning in appropriate receipts/invoices after making approved expenditures. Failure to do so within 7 working days may result in not being reimbursed, repayment of an advance, or disciplinary action.

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REQUIRED APPROVALS: \_\_\_\_\_ Date: \_\_\_\_\_

Immediate Supervisor Signature (Name Printed)

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

Acct. Tech Initials (if applicable) PCS II/SPO Signature (Name Printed)

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

Director Signature (Name Printed)

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

staff request 8/07

RETURN APPROVED REQUESTS TO THE FISCAL SVCS. DEPT. CENTRAL VALLEY J.D.A.C.

TRACKING # \_\_\_\_\_

\*\*\*\*\* (PLEASE PRINT ON LT. GREEN PAPER) \*\*\*\*\*

SAN BERNARDINO COUNTY  
PROBATION DEPARTMENT

## FOOD SERVICE ACTIVITY REQUEST FORM

Div/Bureau Making Request:	Contact Name:	Tel:
Activity Title:	Date & Time Event:	
Pick-up Time:	Number of Guests:	GRC #
Estimated Cost of Event:	Final Cost: _____	<i>(Prices Subject To Change)</i>

**\*\*Sandwiches Meals**

**Individual Trays**

**A La Carte Drinks**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Ham & Cheese Croissant (\$7.25)<br><input type="checkbox"/> Turkey & Cheese Croissant (\$7.25)<br><input type="checkbox"/> Combination (\$ 7.25)<br><input type="checkbox"/> Vegetarian (\$6.50) | <input type="checkbox"/> Assorted Vegetables (25.00)<br><small>Serving for 25</small> | <input type="checkbox"/> Sodas 8 oz (.50 ea)<br><input type="checkbox"/> Water 8 oz (.50 ea)<br><input type="checkbox"/> Water 16 oz (1.00 ea)<br><input type="checkbox"/> Juices 4 oz (.50 ea) |
|---|---|---|

*\*\*All sandwich meals include beverage, sandwich, chips, fruit, desert and utensils*

**Desserts Trays**

**Salads**

**Other**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Mini Cheese Cakes (\$40.00)<br><small>35 per tray</small><br><input type="checkbox"/> Brownies (\$ 25.00)<br><small>30 per tray</small><br><input type="checkbox"/> Danishes (\$ 25.00)<br><small>20 per tray</small><br><input type="checkbox"/> Cookies (\$ 25.00)<br><small>24 per tray assorted</small><br><input type="checkbox"/> Muffins assorted (\$ 25.00)<br><small>24 per tray assorted</small><br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Potato/Macaroni (\$20.00)<br><small>25 serving</small><br><input type="checkbox"/> Pasta (\$20.00)<br><small>25 serving</small> | <input type="checkbox"/> Ice Bag (\$2.00)<br><small>3-4 lbs per bag</small><br><input type="checkbox"/> Fruit bowl (\$20.00)<br><small>40 pcs. assorted</small><br><input type="checkbox"/> Potato chips (\$1.00 ea)<br><small>Assorted</small><br><input type="checkbox"/> Snacks bowl (\$25.00)<br><small>50 pcs. Assorted</small><br><input type="checkbox"/> Coffee Serv. (\$10.00)<br><small>15 guests, includes sugar/<br/>Splenda, creamer &amp; stirrers</small> |
|--|--|--|

**Utensils**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 6" Foam Plates (\$3.00)<br><small>125 per sleeve</small><br><input type="checkbox"/> Cups (\$2.00)<br><small>40 per sleeve</small><br><input type="checkbox"/> Knife (\$2.00)<br><small>50 per bag</small> | <input type="checkbox"/> 9" Foam Plate (\$8.00)<br><small>125 per sleeve</small><br><input type="checkbox"/> Napkins (\$3.00 sleeve)<br><input type="checkbox"/> Forks (\$2.00)<br><small>50 per bag</small> | <input type="checkbox"/> Spoons (\$2.00)<br><small>50 per bag</small> |
|---|--|---|

\_\_\_\_\_  
Pick Up/Delivery Verification Print/Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
**DCPO Authorization Only Print/Sign**

\_\_\_\_\_  
Date

Forward to the Food Service Manager @ 175 W 5<sup>th</sup> St. 4<sup>th</sup> Floor mail code 0460

**Food Service Manager Approval:** \_\_\_\_\_

**Fiscal Department use only**

Facility Catering Event: _____	GRC to be credited: _____
Total amount to be transferred: \$ _____	Date: _____

# Food Service Supply Request Form

Division Making the Request: \_\_\_\_\_

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

Contact Info: \_\_\_\_\_

Tel: \_\_\_\_\_

GRC # \_\_\_\_\_

Requester Signautre: \_\_\_\_\_

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

Director Signautre : \_\_\_\_\_

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

DCPO Signautre if it exceeds \$500.00: \_\_\_\_\_

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

ITEM NR	DESCRIPTION	Vendor	Qty per case	Price per case	Case(s) Total	TOTAL PRICE
14 J 16	CUP FOAM 16 OZ FLUSH FILL (LID 16 JL)	CHEMPACK	1000EA/CS	\$34.16		\$0.00
16 EL	LID PLAST VENTED TRANS - SIP	CHEMPACK	1000EA/CS	\$31.63		\$0.00
B 55	STIRRER PLAST 7"DIXIE WHT/RED/BRN S	CHEMPACK	10/1M	\$21.89		\$0.00
70044	CUTLERY SPOON MWPP WHT	CHEMPACK	1000EA/CS	\$8.53		\$0.00
5750	CUTLERY FORK MWPP WHT	CHEMPACK	1000EA/CS	\$8.53		\$0.00
5800	CUTLERY KNIFE MWPP WHT	CHEMPACK	1000EA/CS	\$8.53		\$0.00
80600	PLATE FOAM 6" WHT	CHEMPACK	1000EA/CS	\$30.69		\$0.00
DRT-9PWC	PLATE FOAM 9" LAM 1-COMP WHT	P&R PAPER	500EA/CS	\$22.25		\$0.00
9432501	COFFEE, REGULAR BLEND	US FOODS	50/2.7 OZ	\$58.81		\$0.00
5960638	COFFEE, GROUND DECAFFEINATED ULTRA ROAST	US FOODS	30/5.4 OZ	\$70.66		\$0.00
2908887	CREAMER, POWDER SHELF STABLE CANISTER NON-DAIRY	US FOODS	24/12 OZ/CS	\$31.39		\$0.00
9327263	SUGAR, WHITE 1/10 OZ SS PACKET	US FOODS	2000EA/CS	\$16.16		\$0.00
7905482	SUGAR SUB, YELLOW SPLENDA 1 GR SS PACKET SUCRALOSE	US FOODS	2000EA/CS	\$23.08		\$0.00
9073891	FILTER, COFFEE FLUTED 9.75X4.5 PAPER 12 CUP WHITE	US FOODS	2/500 EA	\$10.35		\$0.00
3627351	NAPKIN, DISPENSER INTERFOLD BROWN 6.5X9.8 PAPER 2 PLY	US FOODS	24/250EA/CS	\$38.94		\$0.00
9412685	Water , Alpine Spring water	US FOODS	56/8oz	\$12.00		\$0.00
1579327	water Purfied (pure life)	US FOODS	24/16.9 oz	\$6.00		\$0.00
6151161	SNACK BAR, GRANOLA CHEWY ASSORTED SS	US FOODS	120/1 OZ/CS	\$35.50		\$0.00
	ASSORTED CASE FRESH FRUIT (Apples, Bananas ,Oranges,Pears)		100 ea	\$35.00		\$0.00
<b>Two Weeks Advanced Notice Required - Prices Subject to Change</b>			<b>TOTAL</b>		<b>0</b>	<b>\$0.00</b>
				<b>FINAL COST</b>		