

SECTION A - BUSINESS UNIT INFORMATION

BUSINESS UNIT NUMBER	BUSINESS UNIT NAME
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SECTION B - ACCOUNTING CHARTFIELD

APPROP REF	FUND	ENY	ACCOUNT	ALT ACCOUNT	PROGRAM	PC BUS UNIT
PROJECT	ACTIVITY	SOURCE TYPE	CATEGORY	SUBCATEGORY	RPTG STRUCTURE	SVC LOC

SECTION C - PURCHASE ORDER INFORMATION

PURCHASE ORDER NUMBER	PURCHASE ORDER RECEIPT NUMBER
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SECTION D - SUPPLIER INFORMATION

SUPPLIER NAME	SUPPLIER ID NUMBER	AMOUNT	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE

SECTION E - REASON FOR CHECK

TRAINING / CONFERENCE _____ POSTAGE / UPS _____
 (Location or Meter Number)

OTHER _____
 (see instructions)

SECTION F - RELEASE CHECK

OFFICE PICKUP _____
 (Authorized employee name and phone number per DGS OFS 1001 for Check Pickup)

MAIL TO SUPPLIER _____
 (Business mailing address if different than Section D)

OTHER _____
 (Describe)

SECTION G - COMPLETED BY PROGRAM OFFICE / AGENCY

PROGRAM OFFICE / AGENCY NAME	CONTACT PHONE NUMBER	
PREPARED BY	DATE	
AUTHORIZED BY (DGS OFS 1001 on file)	SIGNATURE	DATE

SECTION H - COMPLETED BY ACCOUNTING

ACCOUNTING SUPERVISOR	SIGNATURE	DATE
ADMINISTRATOR APPROVAL	SIGNATURE	DATE

VOUCHER ID	INVOICE NUMBER		
CHECK RELEASED BY	DATE	CHECK NUMBER	CHECK DATE

Note: Maintain copy for Office records.

INSTRUCTIONS

The form is used to request an Office Revolving Fund advance to be issued to the supplier for payment on training, conference, postage, United Parcel Service (UPS), and certain other items when payments must be made in advance. The form should only be used when the supplier cannot issue an invoice or must be paid before the service or item is purchased.

Before submitting the request, all supporting documents must be attached pertaining to the advance request and the supplier exist in the Fi\$Cal Vendor Management File (VMF). Following are the instructions to complete Sections A through G of the form:

A. ACCOUNTING CHARTFIELD

Business Unit Number: Enter the Business Unit Number.

Business Unit Name: Enter the Business Unit Name.

B. ACCOUNTING CHARTFIELD

Enter the coding where you want the invoice to be charged from your office's budget. If invoice will be charged to a project, complete all project-related fields. If you are not sure of the codes that should be used, contact your Financial Analyst/Account Manager for assistance.

C. PURCHASE ORDER (PO) INFORMATION

PO Number: Enter the Purchase Order number if applicable.

PO Receipt Number: Enter the PO Receipt number if applicable.

D. SUPPLIER INFORMATION

Supplier Name: Enter the supplier's full name as shown in the Fi\$Cal VMF.
Note: If the supplier is not in the Fi\$Cal VMF, request a Payee Data Record (Std. 204) from the supplier. For Program Office, forward the Std. 204 to OBAS @ OBAS204@dgs.ca.gov to add the Supplier in the VMF. For Agency, forward the Std. 204 to your Payment Specialist to add the Supplier in the VMF.

Supplier ID Number: Enter the supplier's Fi\$Cal Supplier ID.

Amount: Enter amount of advance request.

Business Address/city/zip: Enter supplier's remit-to address as shown in the Fi\$Cal VMF.

E. REASON FOR CHECK

Training / Conference: Attach copy of the brochure stating the cost of the training class/conference.
Attach copy of the approved Training Request form.

Postage / UPS: Enter location or postage meter number.

Other: Following are acceptable advances:

- Exhibit booth for conference or trade show.
- FASTRAK payable to Department of Transportation.
- Membership dues for organizational/departmental memberships only. Attach justification explaining the benefit to the State. Management approval required.
- Subscription if supplier will not submit invoice for payment.

F. RELEASE CHECK

Office Pickup: Write employee name and phone # who is authorized on the OFS DGS 1001 for Check Pickup.

Mail to Supplier: Office of Fiscal Services will mail to the address on the check.

Other: Describe in detail.

G. COMPLETED BY PROGRAM OFFICE / AGENCY

Program Office / Agency: Enter the name of your Office/Agency. **Phone:** Enter phone number of person preparing form.

Prepared by: Enter the name of the person preparing form. **Date:** Enter date form prepared.

Authorized by: Sign by the person who is authorized on the OFS DGS 1001 Document Approval & Security Authorization. **Date:** Enter date request was approved.