

**County of San Bernardino
Department of Behavioral Health**

Number _____

**PURCHASE REQUEST ROUTING SLIP
(Petty Cash Purchases)**

MANAGER REQUESTING APPROVAL, FILL OUT THIS SECTION:

PROGRAM _____
 Pay Center _____
 Pay Center Name _____
 Item(s) Requested _____

Please turn in complete packet to **Director's Secretary** for processing. This packet must include a memo addressed to Betty Vaughn, Property Management, detailing your order, along with appropriate backup material (price quote, catalog page, etc.). **Missing items will result in delays in processing your request.** Director's secretary will route the packet through all necessary reviewers. Once approved, the paperwork will be forwarded to Property Management for ordering. A copy of the Purchase Request Routing Slip will be sent to you by the Director's Secretary once approved. The whole process should take **one to two weeks.**

If the request is not approved, a copy will be returned to the manager noting it as such. Also, some orders may be held pending further information, etc. This will also be noted on a copy of the form and returned to you; however, the original packet will remain at the Director's office.

Each expenditure form will have a number and the order will be tracked. Please submit only one original copy of your request to the Director's Secretary. **DO NOT** make separate copies to send to your Deputy, etc. This creates difficulty in tracking of requests.

FOR OFFICE USE ONLY

REQUIRED APPROVALS

Initial	Date		Initial	Date	
_____	_____	Deputy Director	_____	_____	Program Manager
_____	_____	Property Management	_____	_____	Assistant Director
_____	_____	Fiscal Review	_____	_____	Director
_____	_____	Automated Systems Analyst, R & E (computer and software purchases only)			

PURCHASE REQUEST STATUS

_____ _____ CAO Approved
 _____ _____ Completed copy sent to Manager
 _____ _____ Not Approved
 _____ _____ Director Hold