



Purchasing Department

SUBSCRIPTIONS

Steps to Process a Subscription Order Effective for Fiscal Year 2013:

- A. Department staff member has a subscription form that is either:
 - a subscription renewal that has a pre-printed form containing all of the details of a subscription renewal such as subscriber, mailing address, renewal amount.
 - a new subscription that has a blank subscription order form that must be completed by the intended subscriber with the necessary information.
- B. Department completes a 'Check Request' available from **MYMCC/Employee Tab/On Line Forms and Documents/Controller's Office/Check Request**.
 1. The Payee on the Check Request is the organization you are ordering the subscription from.
 2. Description would indicate '**Subscription for: (Insert person and/or department's name) to (insert name of publication)**'.
For example:
Subscription for Tom Jones, Biology Department, to the Chronicle of Community Colleges
 3. Note the appropriate fund, org and account number.
 4. Obtain the approval of the Budget Head.
 5. Indicate the amount to be paid.
 6. Attached the form from Step A.
- C. Forward the Check Request and supporting material directly to Accounts Payable for processing and payment.

CHECK REQUEST

MAIL TO:

MONROE COMMUNITY COLLEGE

P.O. BOX 92806 ROCHESTER, NEW YORK 14692-8906 ATTENTION: ACCOUNTS PAYABLE
TELEPHONE 585-292-2000

BANNER ID:

Payee: Chronicle of Community Colleges

17 Community College Ave

College Town, Ohio 44598

TO OBTAIN PAYMENT

Please sign at "X" at the bottom of the page.

Voucher No.

PREPARED BY:

DATE:

P.O. NO.:

| ITEM | QUANTITY | DESCRIPTION OF ITEMS | UNIT PRICE | UNIT | AMOUNT |
|------------------------------|----------|--|------------|-------|---------|
| | | Subscription for (<i>insert person and/or department's name</i>) to (<i>insert the name of the publication</i>) per attached form | \$59.95 | 1.00 | \$59.95 |
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| SPECIAL INSTRUCTIONS: | | | | TOTAL | \$59.95 |

SPECIAL INSTRUCTIONS:

FUND 11001 \ ORG 4104 ACCT NO. 73107

DEPT. APPROVAL _____

DATE _____

The claimant or duly authorized representative of the claimant

named below certifies that the several items charged against Monroe Community College by the claimant are just, true and correct; that the goods, wares, materials, supplies or material were of the quantity and quality stated in this claim; that the services specified were actually performed; that the prices charged herein are reasonable and do not exceed the prevailing rate of the same or the market price; that the charges therein are in accordance with the contract or agreement existing, if there be one; that no part thereof has been paid; that there are no offsets or counterclaims thereto; that the provisions of the New York State Labor Legislation thereto have been complied with; that no Federal or New York State taxes are included in this bill.

X

(Claimant, agent of representative to sign here)

TITLE

DATE _____

Revised May 2006

FOR OFFICE USE ONLY

AUDITOR _____ DATE _____

CONTROLLER _____ DATE _____

| VOUCHER NO. | FUND-ORG-ACCT | ENCUMBRANCE | AMOUNT OF CLAIM |
|-------------|---------------|-------------|-----------------|
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| | | | |
| | | TOTAL | |

TOTAL



Purchasing Department

MEMBERSHIPS

Steps to Process a Membership Order Effective for Fiscal Year 2013:

- A. Department staff member has a membership form that is either:
- a membership renewal that has a pre-printed form containing all of the details of a membership renewal such as member name, mailing address, renewal amount.
 - a new membership that has a blank membership order form that must be completed by the intended member with the necessary information.
- Note: If MCC has an existing institutional membership with the organization, an individual membership will not be necessary. In this case you will be notified by the Controller's Office. (SUNY guidelines prohibit the College from purchasing an individual membership if an institutional membership is available.)*
- B. Department completes a 'Check Request' available from **MYMCC/Employee Tab/On Line Forms and Documents/Controller's Office/Check Request**.
1. The payee on the Check Request is the organization the College or the individual is joining.
 2. Description would indicate '**Membership for: (insert department's name and/or the person's name) to (insert the name of the organization)**'.
- For example:
- Membership for the Chemistry Department, to the American Chemical Society***
3. Note the appropriate fund, org and account number.
 4. Obtain the approval of the Budget Head.
 5. Indicate the amount to be paid.
 6. Attached the form from Step A.
- C. Forward the Check Request and supporting material directly to Accounts Payable for processing and payment.

Voucher No.

MONROE COMMUNITY COLLEGE

BANNER ID:

1099

Payee: Association of Community College Professors

17 Community College Ave

College Town, Ohio 44598

TO OBTAIN PAYMENT

Please sign at "X" at the
bottom of the page.

PREPARED BY:

DATE:

P.O. NO.:

SPECIAL INSTRUCTIONS:

FUND 11001 ORG 4104 ACCT NO. 73110

DEPT. APPROVAL

DATE _____

The claimant or duly authorized representative of the claimant
 named below certifies that the several items charged against Monroe Community College by the claimant are just, true and correct; that the goods, wares, merchandise, supplies or material were of the quantity and quality stated in this claim; that the services specified therein were actually performed; that the prices charged herein are reasonable and do not exceed the prevailing rate of wage or the market price; that the charges therein are in accordance with the contract or agreement existing. If there be one; that no part thereof has been paid; that there are no offsets or counterclaims thereto; that the provisions of the New York State Labor Law relating thereto have been complied with; that no Federal or New York State taxes are included in this bill.

X

(Claimant, agent of representative to sign here)

TITLE

DATE _____

Revised May 2006

FOR OFFICE USE ONLY

AUDITOR _____ DATE _____

CONTROLLER _____ DATE _____

| VOUCHER NO. | FUND-ORG-ACCT | ENCUMBRANCE | AMOUNT OF CLAIM |
|-------------|---------------|-------------|-----------------|
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