



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.



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.

CHECK REQUEST

MAIL TO:

MONROE COMMUNITY COLLEGE

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

Voucher No. _____

BANNER ID:

1099

1

TO OBTAIN PAYMENT

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

Payee: Association of Community College Professors ←

17 Community College Ave
College Town, Ohio 44598

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PREPARED BY: _____

DATE: _____

P.O. NO.: _____

ITEM	QUANTITY	DESCRIPTION OF ITEMS	UNIT PRICE	UNIT	AMOUNT
		Membership for <i>(insert department name and/or person's name)</i> to <i>(insert the name of the organization)</i>	\$200.00	1.00	\$200.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
TOTAL					\$200.00

SPECIAL INSTRUCTIONS:

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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 _____

FOR OFFICE USE ONLY			
AUDITOR _____		DATE _____	
CONTROLLER _____		DATE _____	
VOUCHER NO.	FUND-ORG-ACCT	ENCUMBRANCE	AMOUNT OF CLAIM
TOTAL			