

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Policy Name: Expense Document Preparation - Miscellaneous Expense		
Policy Number: 406.07	Effective Date: 5/7/2020	Page Number: 1 of 2
Authority: Commissioner	Originating Division: Administration and Finance Division	Access Listing: Level I: All Access

I. Introduction and Summary:

The purpose of this policy is to provide specific instructions on how to prepare the Miscellaneous Expense Form.

II. Authority:

A. O.C.G.A.: 50-18-90; and

B. ACA Standards: 2-CO-1B-05, 1-CTA-1B-02, 1-CTA-1C-10, 5-ACI-1C-19 (ref. 4-4066), 5-ACI-1B-03 (ref. 4-4027), and 4-ACRS-7D-17.

III. Definitions:

A. **Voucher Number** - Team Works number assigned when a voucher is created/entered for payment.

B. **Chart of Accounts** - Statewide standardized listing of account numbers and names.

C. **Vendor ID Number** - Team Works assigned number for vendors.

IV. Statement of Policy and Applicable Procedures:

The Miscellaneous Expense form is used when an employee incurs an expense that is not reimbursable through a Travel Expense Statement.

A. Instructions for Preparing the Miscellaneous Expense Form:

1. Voucher #: Enter the system generated voucher number from Team Works.
2. Name of Person Requesting Reimbursement: Enter the employee's name that incurred the expense.
3. Vendor ID#: Enter the employee's Team Work vendor number.
4. Item Purchased: Enter a concise and meaningful description of item purchased.
5. Account #: Enter appropriate number from the Chart of Accounts.

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6. Amount: Enter the amount of the item.
7. Reason: Give a brief explanation as to why other purchasing procedures were not used.
8. Reimbursement Requested by: Signature of person requesting reimbursement.
9. Approved by: Signature of the person who has the authority to approve purchases.

B. The original Miscellaneous Expense Form shall be uploaded to an AP voucher along with the original receipt(s).

V. Attachments:

Attachment 1: Miscellaneous Reimbursement Form

VI. Record Retention of Forms Relevant to this Policy:

Upon completion, this form and the original receipt (s) must be retained for five (5) years.