Number: 07.011.00



City of Riverside Administrative Manual

Effective Date: 07/2003 Last Review Date: 12/2022 Latest Revision Date: 12/2022 Next Review Date: 12/2025

Policy Owner(s): Finance Department

Approved:

Michael D. Moore Department

City Manager

SUBJECT:

Receiving and Payment for Supplies

PURPOSE:

To provide a procedure for the receipt and payment of supplies and equipment.

SOURCE OF AUTHORITY: Purchasing Resolution Article Eleven

POLICY:

Central Stores is the receiving agency for all deliveries to the Corporation Yard except vehicles and equipment. Fleet Management will receive and inspect supplier delivery of all vehicles and equipment for the Fleet Management Division. It is the ordering department's responsibility to make a final inspection of items ordered and received

The ordering department shall inspect for quantity, quality and conformation with specifications. Quantities received must be recorded on receiving form/packing slip and Purchase Order. The ordering department's receiving employee shall document any exceptions to the order (shortage, damage, or variations to specifications) on the freight ticket before signing for delivery.

The ordering department receiving employee shall notify the Procurement and Contract Specialist who placed the order immediately of any exceptions or to determine when delivery should be refused. The Procurement and Contract Specialist will contact the supplier to initiate the appropriate action.

Under no circumstances shall receipt of items take place without a corresponding Purchase Order.

PROCEDURE:

Responsibility Action

Central Stores

1. Receives deliveries made to the Corporation Yard.

Number: 07.011.00

PROCEDURE:

Action Responsibility 2. Places shipment in Central Stores. If item is a "straight-through" for department, delivers or arranges for the ordering department to pick up the shipment. If any discrepancies for Central Stores items, a. Inventory Control Specialist II takes corrective action; and b. Notifies the Central Stores Supervisor of discrepancy in case of escalation issues. 3. Inspects and verifies all deliveries for compliance with the terms Ordering Department of the Purchase Order. If any discrepancies, a. Notifies Procurement and Contract Specialist for corrective action: and b. Procurement and Contract Specialist takes appropriate Central Stores / **Partial Delivery Receipts** Ordering Department 4. Notes date and quantity received of first delivery. 5. Prepares Purchase Order Partial Payment form (Attachment 1) for all subsequent deliveries indicating Purchase Order number and quantity received. 6. Completes copy of Purchase Order noting "FINAL" when the last

Complete Shipment On First Delivery

partial shipment is received.

- 7. Notes on copy of Purchase Order date and quantity received.
- 8. Signs the second and third copies of the Purchase Authorization or original release indicating delivery.
- 9. Files the third copy of the Purchase Authorization or original release.

Payment

- 10. In a timely manner, obtains authorized signature for approval of payment of goods received.
- 11. Forwards copy of Purchase Order or Purchase Order Partial Payment through Oracle to Accounts Payable with any packing slips, invoices, and similar documents for processing payment.

12. Receives above documents and processes for warrant/check covering total purchases.

Accounts Payable

Attachment:

1. Purchase Order Partial Payment Form

| PURCHASE ORDER PARTIAL PAYMENT | | | | | | |
|--------------------------------------|----------------|---------------|--------------------------------|-----------|-----------|--------|
| PURCHASE ORDER NUMBER | | VENDOR NUMBER | | | | |
| VENDOR NAME | | | | | | |
| DATE PREPARED | | | DATE DUE | | _ | |
| | OFNIER I LEGIS | | | | • | |
| INVOICE NUMBER / PAYMENT DESCRIPTION | GENERAL L | GL OBJECT | JOB LEDGER (If | JL OBJECT | W/O NO. | AMOUNT |
| INVOICE NOMBERY PARMENT BESONM HON | OL ILLI | GE GEGEGT | OE RET | UE OBUEUT | 11/0 110. | Amoon |
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| TOTAL | | | | | | |
| Certification of Delivery | | | Approved For Payment | | | |
| | | | | | | |
| Signature Date | | | Department Head Signature Date | | | |