Conference Purchase Order Entry (Using the new TEMPLATE)

Start on Information Tab

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My Requisition Form

Fiscal Year 2022

Status **Pending PURCHASING REVIEW Approval**

Purchase Order# PND-01767   Other Reference   PND-01767

PO Description   CONFERENCE ESTIMATED EXPENSES TEMPL

| Information | Line Items | History | Instructions | Attachments | User Activity Request |

Requisition Information

Requisitioner	TFAHE	Fahey\Tara [select][clear]
Requestor	SBLOOD	SARAH BLOOD
Department	HR	HUMAN RESOURCES
Bid/Request Type		
Vendor	007341	Fahey\Tara B. [search] [select][clear] [add pending]
Order Address		Tara B. Fahey PO Box 6 Grand Gorge, NY 12434
Order Contact		607-588-9834 E-Mail:tnolet@oncboces.org
Instructions/Notes to Vendor		
Instructions/Notes for Internal Processing		

Submit   Cancel

PO Description:

Delete

CONFERENCE ESTIMATED EXPENSE TEMPLATE

Add

Conference Dates & Conference Name
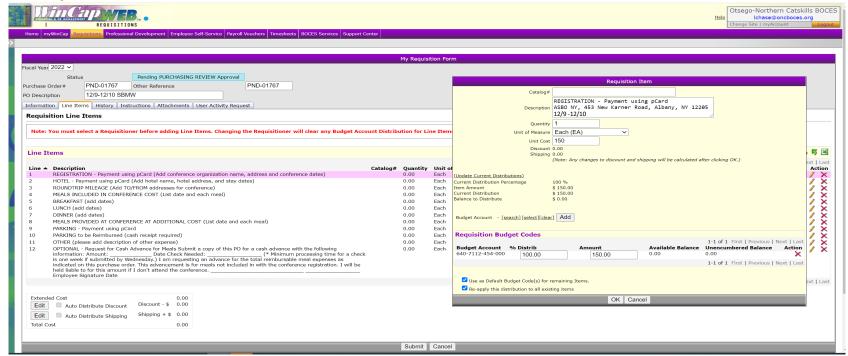
Example:

12/9-12/10 SBMW

CONFERENCE ESTIMATED EXPENSES TEMPLATE – DELETE ANY LINE ITEMS NOT NEEDED

1) Delete Line 1 CONFERENCE ESTIMATED EXPENSES TEMPLATE by clicking on the red "X".   This line is for information purposes only and should not be included on the PO.

REGISTRATIONS:

Two options: (delete the one not needed by clicking the red "X"; use pencil to modify the one needed)
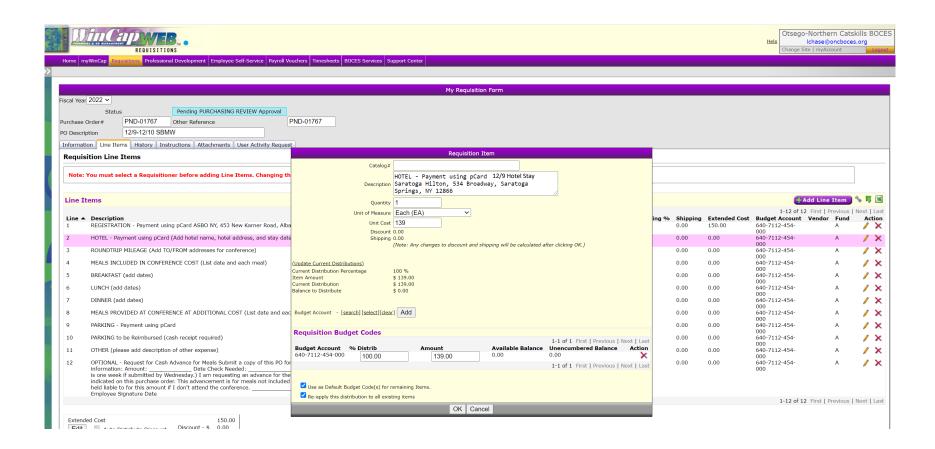
1) REGISTRATION - Payment by check (sending payment directly to vendor) - add conference organization name, address, and conference dates – please delete the "(Add conference organization name, address, conference dates)"
   a. Add quantity of 1
   b. Add cost
   c. Add budget code (select default and distribution boxes)

2) REGISTRATION Pay using pCard - add conference organization name, address, and conference dates – please delete the "(Add conference organization name, address, conference dates)"
   a. Add quantity of 1
   b. Add cost
   c. Add budget code (select default and distribution boxes)

HOTEL:
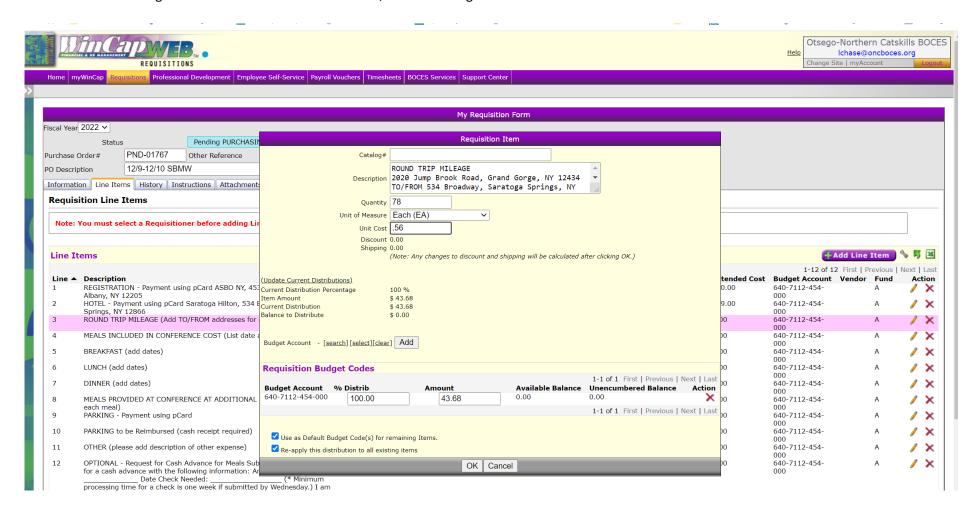
One option:

1) HOTEL - Payment using pCard – add hotel name, address and hotel stay dates – please delete the "(Add conference organization name, address, conference dates)"
   a. Add quantity for number of night stays
   b. Add cost per night
   c. If Budget Account is blank in the white area, then add budget code.

ROUND TRIP MILEAGE TO/FROM:

1) Add TO/FROM addresses for conference. Please delete "(Add TO/FROM address of conference)"
   a. Enter total miles under quantity (use Map Quest)
   b. Enter current mileage reimbursement rate
   c. If Budget Account is blank in the white area, then add budget code.

MEALS:

A conference attendee is responsible to account for all meals for a conference on the PO.

1) Meals included in the conference cost.
2) Meals offered at the conference for an additional cost.
3) Mealtimes that occurred during your trip and such meals are not offered through the conference are reimbursable at the GSA per diem meal rate. Attach GSA per diem meal rates for the conference location.
   a. Breakfast
   b. Lunch
   c. Dinner
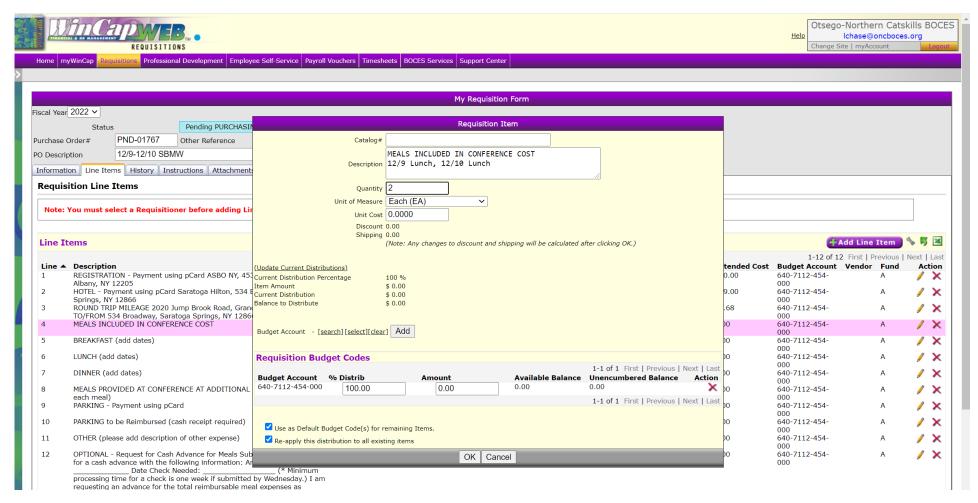
Agendas and or registration forms are required to support all meals cost and need to be attached to the PO.

The travel time according to Map Quests will be used for the following scenarios:

1) If travel must begin before 7 am and breakfast is not included the conference cost, breakfast may be reimbursed.
2) If travel goes beyond 6 pm and dinner is not included in the conference cost, dinner may be reimbursed.

* MapQuest should already be attached to the PO for mileage purposes.
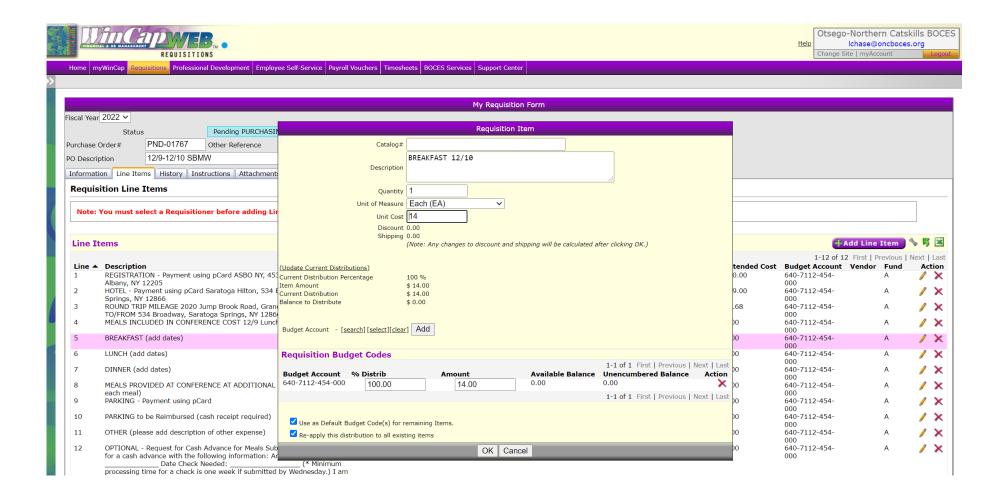
MEALS Included in Conference Cost:

1) List the date and meals included in Conference cost. ONC BOCES will not reimburse for these meals.
2) Enter quantity of meals included in the conference cost with a $0 cost.
3) If Budget Account is blank in the white area, then add budget code.
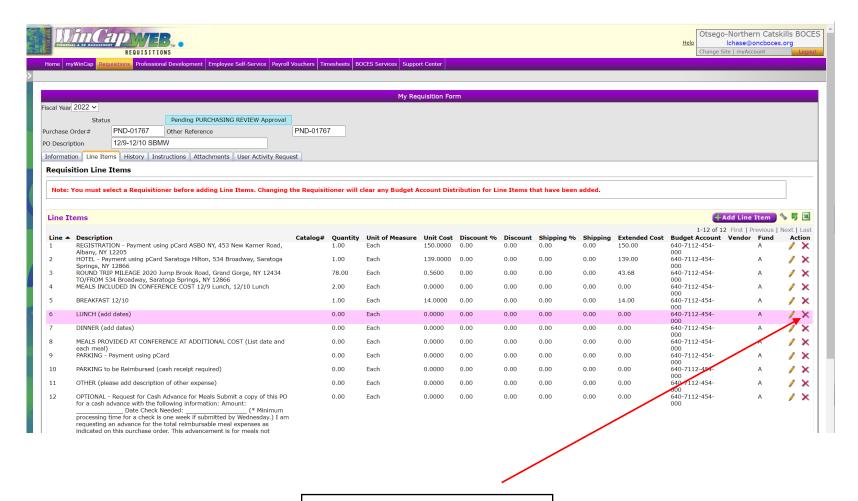
BREAKFAST:

1) List date(s)
2) Enter quantity
3) Enter per diem rate

LUNCH:
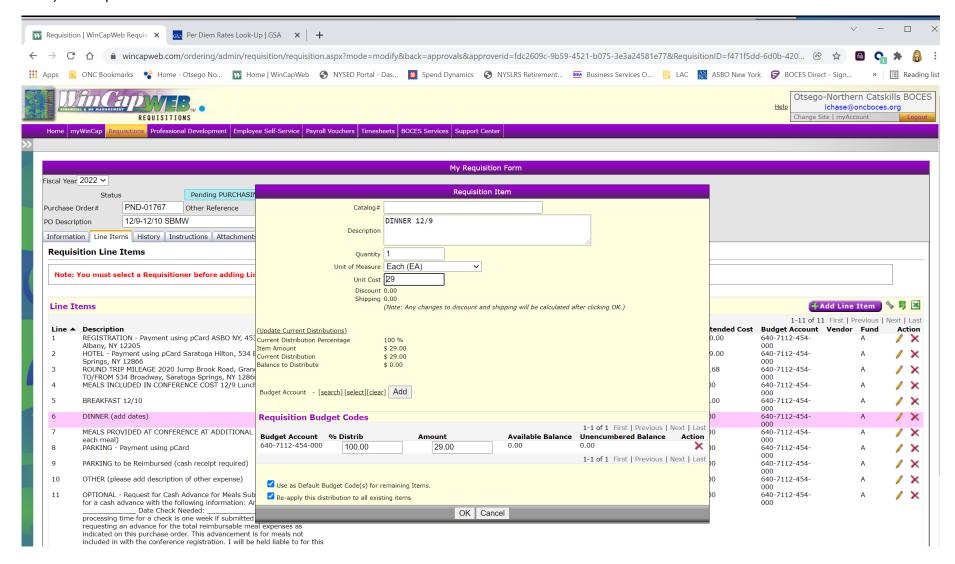
1) List date(s)
2) Enter quantity
3) Enter per diem rate

Since lunch is included in conference cost, this line should be deleted for this example.
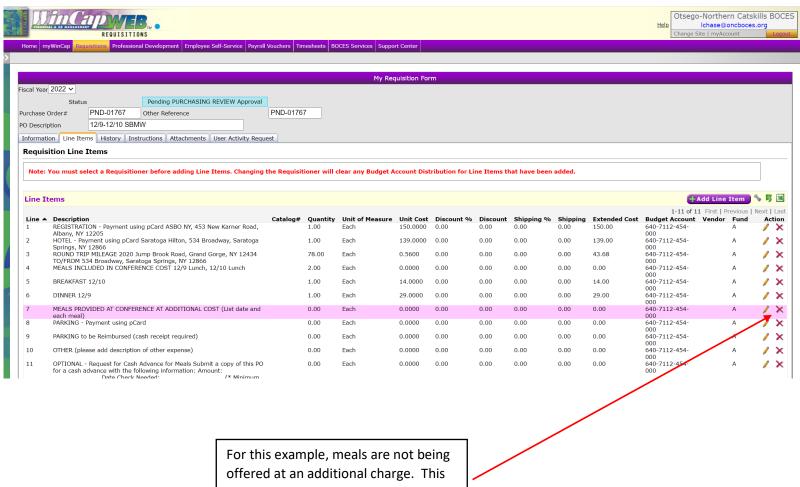
DINNER:

1) List date(s)
2) Enter quantity
3) Enter per diem rate

MEALS provided at conference for additional charge:
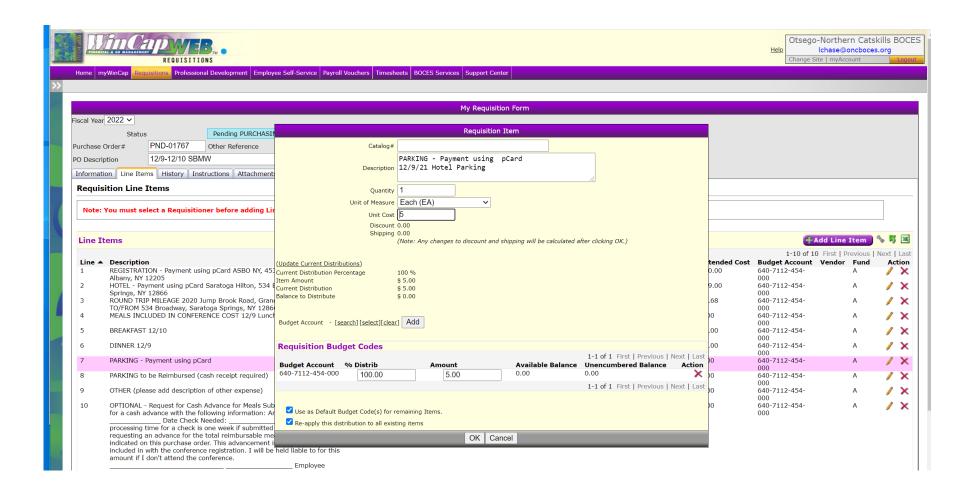
1) List dates, meals, meal cost
2) Add quantity of 1 with total cost

For this example, meals are not being offered at an additional charge. This line should be deleted.
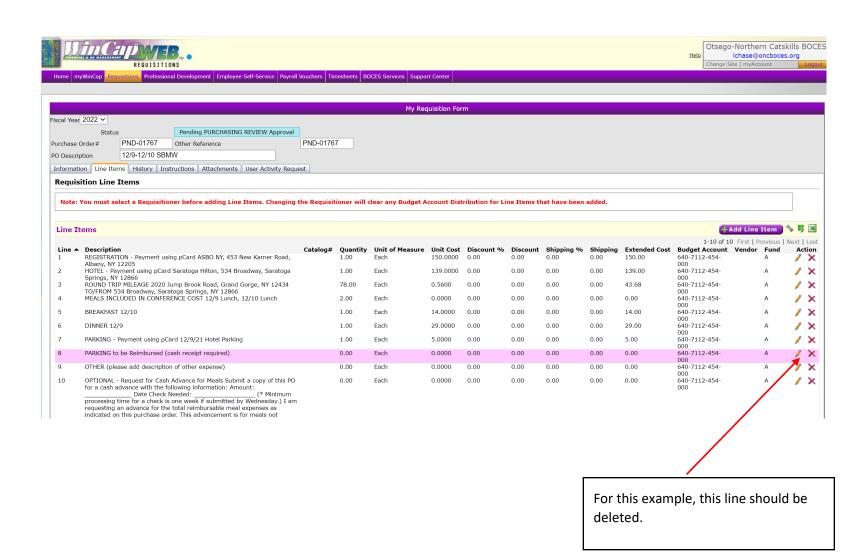
PARKING – Payment Using PCard:

1) Enter date
2) Enter estimated cost
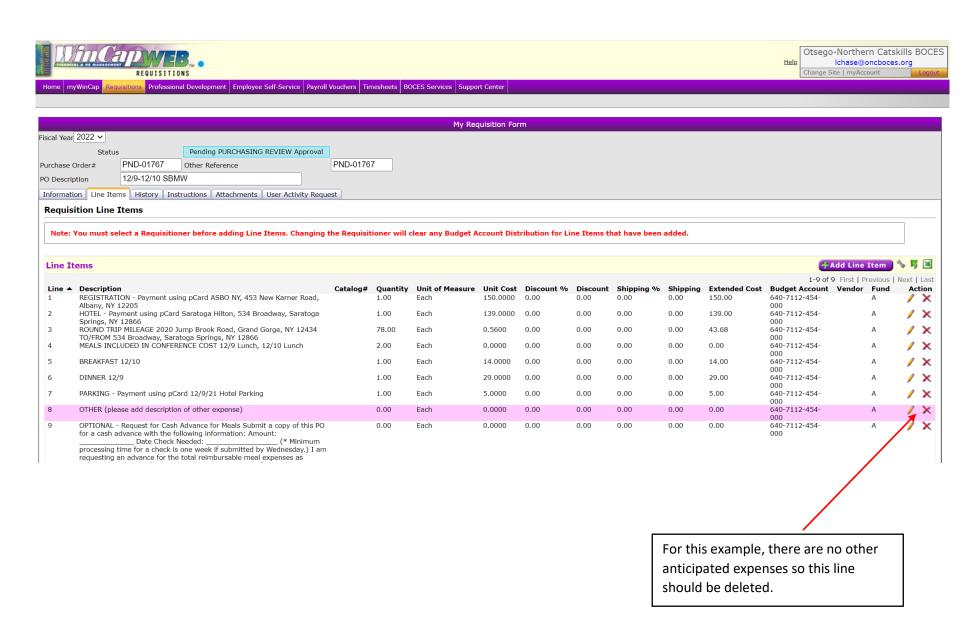
PARKING to be Reimbursed:

1) Enter date
2) Enter estimated cost

For this example, this line should be deleted.
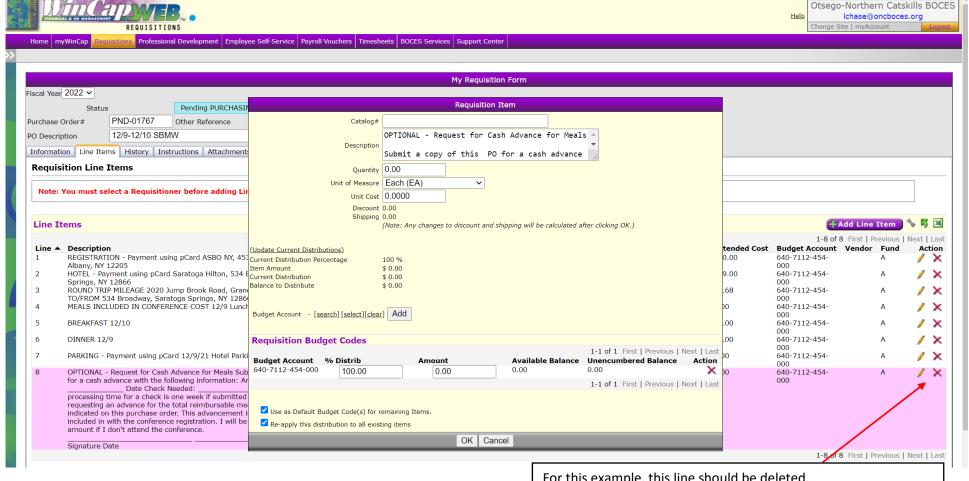
OTHER:

1) Explain other expense and add cost

For this example, there are no other anticipated expenses so this line should be deleted.
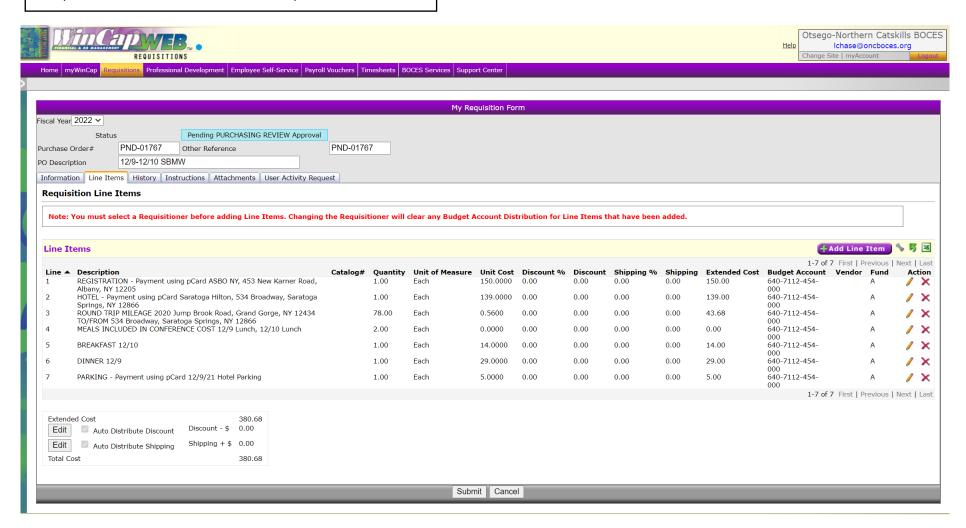
OPTIONAL Request for Cash Advance:

1) If paying for meals is a hardship, you may request for a cash advance for your reimbursable meals.
   a. The PO description should not be changed
   b. Add quantity of 1 and the total meal reimbursement amount (which should match the total of Breakfast/Lunch/Dinner above)
   c. Once the PO is approved, the PO will be forwarded to you.
   d. The Cash Advance section will need to be completed.
      i. *You are responsible for submitting in time to get the check before you leave. Take into consideration requests must be submitted by Thursdays in order for a check to be cut the following Tuesday.
   e. Make a copy of the PO, sign for the Cash Advance and date.
   f. Send to the Business Office.

For this example, this line should be deleted.
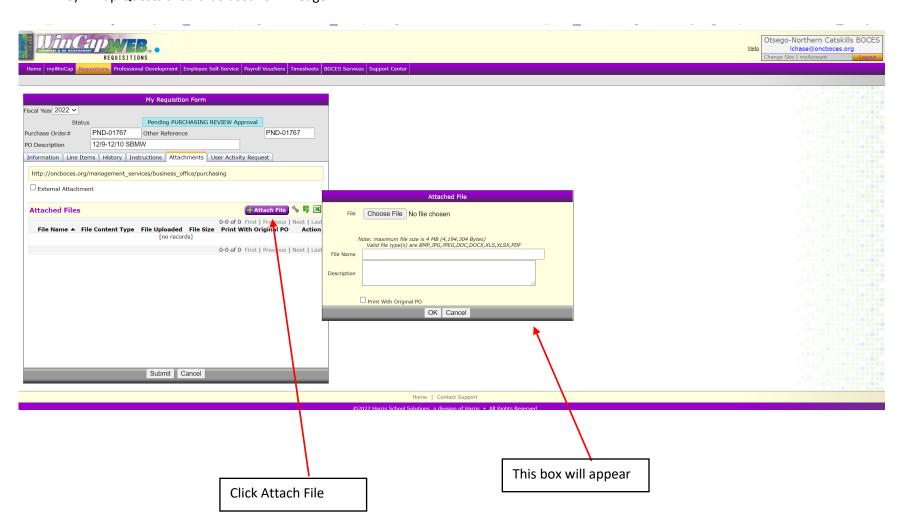
Completed Line Items section for this example:

My Requisition Form

Fiscal Year 2022

Status	Pending PURCHASING REVIEW Approval
Purchase Order#	PND-01767	Other Reference	PND-01767
PO Description	12/9-12/10 SBMW

Information | **Line Items** | **History** | **Instructions** | **Attachments** | **User Activity Request**

Requisition Line Items

Note: You must select a Requisitioner before adding Line Items. Changing the Requisitioner will clear any Budget Account Distribution for Line Items that have been added.

Line Items   ➕ Add Line Item

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Line ▲	Description	Catalog#	Quantity	Unit of Measure	Unit Cost	Discount %	Discount	Shipping %	Shipping	Extended Cost	Budget Account	Vendor	Fund	Action
1	REGISTRATION - Payment using pCard ASBO NY, 453 New Karner Road, Albany, NY 12205		1.00	Each	150.0000	0.00	0.00	0.00	0.00	150.00	640-7112-454-000		A	✏️ ❌
2	HOTEL - Payment using pCard Saratoga Hilton, 534 Broadway, Saratoga Springs, NY 12866		1.00	Each	139.0000	0.00	0.00	0.00	0.00	139.00	640-7112-454-000		A	✏️ ❌
3	ROUND TRIP MILEAGE 2020 Jump Brook Road, Grand Gorge, NY 12434 TO/FROM 534 Broadway, Saratoga Springs, NY 12866		78.00	Each	0.5600	0.00	0.00	0.00	0.00	43.68	640-7112-454-000		A	✏️ ❌
4	MEALS INCLUDED IN CONFERENCE COST 12/9 Lunch, 12/10 Lunch		2.00	Each	0.0000	0.00	0.00	0.00	0.00	0.00	640-7112-454-000		A	✏️ ❌
5	BREAKFAST 12/10		1.00	Each	14.0000	0.00	0.00	0.00	0.00	14.00	640-7112-454-000		A	✏️ ❌
6	DINNER 12/9		1.00	Each	29.0000	0.00	0.00	0.00	0.00	29.00	640-7112-454-000		A	✏️ ❌
7	PARKING - Payment using pCard 12/9/21 Hotel Parking		1.00	Each	5.0000	0.00	0.00	0.00	0.00	5.00	640-7112-454-000		A	✏️ ❌

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Extended Cost		380.68
Edit	☑ Auto Distribute Discount	Discount - $	0.00
Edit	☑ Auto Distribute Shipping	Shipping + $	0.00
Total Cost		380.68

Submit   Cancel

Attachments Tab:

The following items should be attached:
1) Information about conference, including but not limited to, conference name, conference provider, dates, agenda, etc.
2) *Need information to show if or what meals are included.
   a. If this information is missing, the requisition will not be approved.
3) Map Quests should be used for mileage.

Click Attach File

This box will appear

Choose File

File Explorer will appear

Click Open

Find and select the file to attach

REQUIRED ATTACHMENTS:

1) Conference details
2) MapQuest
3) GSA Per Diem Rate(s)

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Purchase Order# PND-01767   Other Reference PND-01767

PO Description 12/9-12/10 SBMW

Information | Line Items | History | Instructions | Attachments | User Activity Request

http://oncboces.org/management_services/business_office/purchasing

☐ External Attachment

Attached Files   ➕ Attach File

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File Name ▲ File Content Type File Uploaded File Size Print With Original PO Action
[no records]

0-0 of 0 First | Previous | Next | Last

Submit | Cancel

Attached File

File Choose File MapQuest - (The Hilt...Saratoga Springs.pdf
File Uploaded Successfully

Note: maximum file size is 4 MB (4,194,304 Bytes)
Valid file type(s) are BMP,JPG,JPEG,DOC,DOCX,XLS,XLSX,PDF

File Name MapQuest - (The Hilton) 534 Broadway.pdf

Description

☐ Print With Original PO

OK | Cancel

File being attached

Do NOT click this box for the conference detail file.

Click this box for meal per diem rates and mileage. Both will then print with your PO to be used submitting for reimbursement.
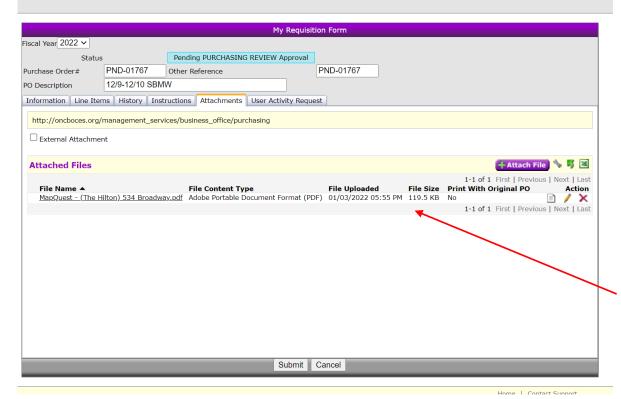
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☐ External Attachment

Attached Files   ＋Attach File

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File Name ▲	File Content Type	File Uploaded	File Size	Print With Original PO	Action
MapQuest - (The Hilton) 534 Broadway.pdf	Adobe Portable Document Format (PDF)	01/03/2022 05:55 PM	119.5 KB	No	📄 ✏️ ❌

1-1 of 1 First | Previous | Next | Last

Submit   Cancel

Shows your file was successfully attached.

Home | Contact Support

User Activity Request Tab:

The conference request approval will be added by the Purchasing Agent before the Conference Expense PO Template is shared.

Final step is to submit.