



**Title of Proposed Procedures:** WITHDRAWAL OF FUNDS FROM BANK ACCOUNTS PROCEDURES

**Applies to (check all that apply):**

Faculty\_\_\_\_ Staff\_\_\_\_ Students\_\_\_\_

Division/Department\_\_\_\_ College  X

**Topic/Issue:**

Guidelines and procedures governing the withdrawal of funds from special bank accounts held by Baltimore City Community College

**Background to Issue/Rationale for Policy or Procedure:**

**(For procedures, cite appropriate approved College Policy addressed)**

The purpose of the procedures is to support the Withdrawal of Funds from Bank Account Policy. Special bank accounts have been established by the College with the approval of the State Treasurer for emergency cash purchases in nominal amounts, for travel, emergency payroll advance, freight charges, or approved student emergencies. Funds held by the College for emergency are in the Working Fund. Funds held by the College for student emergencies are in the Hackerman Emergency Loan Account.

**State/Federal Regulatory Requirements (cite if applicable):**

State Finance and Procurement Article, Sections 7-216, 7-218 and 7-220

Comptroller of Maryland General Accounting Division Accounting Procedures Manual

**Proposed Procedure Language:**

1. The College ensures that all disbursements from the Working Fund and the Hackerman Loan Fund are for the purpose for which the fund was authorized and complies with established State regulations.
2. Disbursements from the Working Fund must be by Interim Payroll Check Request (Exhibit I) or a Check Requisition Form (Exhibit II).

3. Disbursements from the Hackerman Loan Fund must be by Hackerman Loan Approval Ledger (Exhibit III).
4. Checks can only be written with proper documentation and by approval.
5. All check request must be supported by submission of Check Writing Request Transmittal (Exhibit IV).
6. The Working Fund and the Hackerman Loan Fund are in the custody of one specific employee titled the Working Fund Custodian.
7. The Working Fund Account and Hackerman Loan Account are secured in an independent safe with access by the Working Fund Custodian and Working Fund Custodian Back-up
8. All withdrawals of funds in the amount of \$1,000 or more require the signature of two Authorized Signatories. Withdrawals of funds less than \$1,000 require the signature of only one Authorized Signatory.
  - a. Authorized Signators:
    - i. President
    - ii. Vice President of Business and Finance
    - iii. Controller
    - iv. Director of Finance
    - v. Director of Accounting
    - vi. Senior Budget Analyst
9. The Working Fund and Hackerman Loan Fund are required to be reimbursed in a timely manner.
10. The College ensures that notices are sent out to individuals who received advances from the Working Fund or loans from the Hackerman Loan Fund but have not settled their obligations.
11. Individuals that do not settled their obligations to the Working Fund or Hackerman Loan Fund are sent to the Central Collection Unit (CCU) of Maryland.
12. The Working Fund is maintained on an imprest basis.
13. Final reimbursement of the Working Fund is done as of June 30<sup>th</sup> of each fiscal year in order for the reimbursement to be charged to the correct fiscal year on the Comptroller of the State of Maryland records.
14. When a reimbursement check is to be deposited in the checking account, the payee shown on the transmittal is Baltimore City Community College – Working Fund.

15. The Working Fund is reconciled to R\*STARS and the bank statements. Periodically, the College completes a Reconciliation and Analysis of Agency Checking Accounts and Petty Cash Funds with Funding Sources and submits to the General Accounting Division (GAD) of the State.
16. For complete detailed step by step processes see BCCC Cash Management Procedure Manual and the State of Maryland general Accounting Procedure Manual at the following link: [http://compnet.comp.state.md.us/General Accounting Division/Static Files/apm.pdf](http://compnet.comp.state.md.us/General_Accounting_Division/Static_Files/apm.pdf)

**Proposed Implementation Date:**

**Proposed by: VP Business, Finance & Administration**  
**Vice President/Senior Staff Member**

**Approved by the Board of Trustees: October 27, 2009**

**Originator/Division: Financial Services/Business and Finance**



**Exhibit I**

**Working Fund Interim Payroll Check Request**

**Part I – Interim Payroll Check Request**

Date \_\_\_\_\_

Employee \_\_\_\_\_

SS# \_\_\_\_\_

(Print Legal Name as it Appears on Contract/Payroll)

Department \_\_\_\_\_

Work # \_\_\_\_\_

Location # \_\_\_\_\_

Home# \_\_\_\_\_

Was the paycheck lost?

Yes  No

Was the paycheck stolen?

Yes  No

Does employee have court ordered child support payments?

Yes  No

Is the employee currently in default with federal or state tax?

Yes  No

If yes, has a judgment been issued?

Yes  No

Is employee currently on BCCC payroll?

Yes  No

If yes, give date completed contract submitted to Human Resources.

\_\_\_\_\_

Document reason(s) why employee has not been paid.

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Vice President's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Part II - for Payroll Department**

Hourly Wage \_\_\_\_\_ x Hours \_\_\_\_\_ = Gross Pay \_\_\_\_\_

1. Gross Pay x 60% = Amount of Check \_\_\_\_\_

2. Net Pay (stop payment/replacement) \_\_\_\_\_

Is employee's payroll check provided by direct deposit? Yes  No

Payroll's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Business & Finance Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Part III - Interim Payroll Received**

I understand that when my State issued payroll check is received, I will endorse it over to the College and receive the difference.

I understand that when my State issued payroll check is deposited in my account, I will repay the College the amount received from the Interim Payroll Check advance.

(Employee's Signature)

(Date)

**Part IV - State Payroll Check Received**

Date \_\_\_\_\_ Amount of Payroll Check \_\_\_\_\_

Date \_\_\_\_\_ First check Ck No. Issued \_\_\_\_\_ Amt \_\_\_\_\_

Date \_\_\_\_\_ Second check Ck No. Issued \_\_\_\_\_ Amt \_\_\_\_\_

Date \_\_\_\_\_ Bal due employee Ck No. Issued \_\_\_\_\_ Amt \_\_\_\_\_

Date \_\_\_\_\_ Bal due College  Check  Cash Amt Paid \_\_\_\_\_

# BALTIMORE CITY COMMUNITY COLLEGE

## Exhibit II

### REQUISITION FORM

Baltimore City Community College



Changing Lives...Building Communities

### Requisition

R -

DATE:

DATE NEEDED: June 8, 2007

ORDERING DEPARTMENT	SUGGESTED SOURCE
NAME: Baltimore City Community College CAMPUS: Liberty BUILDING: Nursing ROOM: 100B CONTACT NAME: Jane Doe PHONE NUMBER: 410 462 7460	NAME: Wal-Mart ADDRESS Route 40 West CITY: Catonsville STATE MD FED. EMPLOYER I.D. NO.: # STATE OF MD. VENDPR I.D. NO.:

ITEM NO.	DESCRIPTION (SIZE, COLOR, MANUFACTURER, ETC.)	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
	<b>Wal-Mart</b>				
123456	Juice	7		.20	1.40
234567	Jello gel	2		.56	1.12
321654	AA Batteries	1		7.34	7.34
654321	100ct sandwich bags	1		2.16	2.16
112233	Cling Wrap	1		1.90	1.90
223344	5 Lb Sugar	1		2.24	2.24
334455	Foam cups	1		.66	.66
	<b>Purpose: Food experiment in classroom</b>				
	<b>Budget Account# xxxxx</b>				
			Total		16.82

NOTE: INTERNAL REQUEST ONLY! GOODS OR SERVICES OBTAINED THROUGH THE USE OF THIS FORM MAY BE THE PERSONAL RESPONSIBILITY OF THE ORDERER.

ORDERER: \_\_\_\_\_ DATE \_\_\_\_\_ COST CENTER MANAGER \_\_\_\_\_ DATE \_\_\_\_\_

PURCHASING DEPARTMENT USE ONLY

YES  
 NO

STATUS: ENCUMBERED \_\_\_\_\_ BUYER: \_\_\_\_\_ P.O. NO. \_\_\_\_\_  
 DATE \_\_\_\_\_

UNSCHEDULED DATE: \_\_\_\_\_  
 REASON RETURNED \_\_\_\_\_ RETURNED DATE \_\_\_\_\_





**Exhibit IV**

Check Writing Request Transmittal

**BALTIMORE CITY COMMUNITY COLLEGE  
CHECK WRITING REQUEST TRANSMITTAL**

TYPE OF CHECK: \_\_\_\_\_ WORKING FUND \_\_\_\_\_ EMERGENCY LOAN FUND \_\_\_\_\_ OTHER \_\_\_\_\_

CHECK NUMBERS: FROM \_\_\_\_\_ TO \_\_\_\_\_

TOTAL AMOUNT  
OF ALL CHECKS \$ \_\_\_\_\_

TOTAL NUMBER  
OF CHECKS \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_

CHECKS ISSUED TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ DATE \_\_\_\_\_

DISBURSING OFFICER

DISPOSITION OF CHECKS:

\_\_\_\_\_ MAILED

\_\_\_\_\_ OTHER, AS FOLLOWS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature / Requester