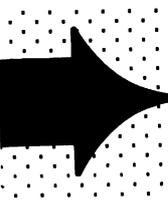


(a) **Review your shopping cart thoroughly** before you purchase janitorial and sanitation supplies from the DoD EMALL Navy Contracts corridor. It is your responsibility to ensure every item is purchased from a vendor located on the mandatory corridor.

(b) **Review the contract number for every vendor** that is listed in your shopping cart, you may have accidentally been taken out of the corridor. A list of DoD EMALL Navy Contracts vendors with contract numbers are on the Comptroller website: <http://intranet.usna.edu/Comptroller/card.htm>. The same vendor may be listed elsewhere on DoD EMALL with a different contract number.

d. **The Lighthouse for the Blind, Inc.** - The Lighthouse for the Blind, Inc. is the mandatory source for printing all professional business cards. The Superintendent's approval is required for each and every position that needs to have professionally printed business cards. CHs must have prior approval (by position, not organization) to purchase professionally printed business cards, and the approval must be attached to the purchase card order form.

e. **UNICOR (FPI/Federal Prison Industries)**. CHs must consider UNICOR when acquiring furniture. A market search analysis must be conducted prior to purchasing an item from a commercial source if a similar item is available from UNICOR. A market search analysis must be conducted prior to purchasing a UNICOR product from a commercial source, **Appendix I**.



10. **Convenience Checks**. Convenience checks are third party drafts issued using a government purchase card account. **Convenience Checks may only be used after every attempt has been made to use the purchase card, and may not exceed \$3,000.** Convenience checks shall be issued in the exact amount of the payment and shall not be split to avoid the micro-purchase threshold. Convenience check custodians are responsible for the safeguarding and security of their checks and account information.

a. Convenience Check Procedures

(1) The CH must submit a Sole Source Justification (See **Appendix J-1**) to the APC for approval before a convenience check can be requested. All sections must be filled out completely. **The APC will not approve a request for a Convenience Check if the justification does not include three other vendors that were contacted to locate another source that can provide the requirement and does accept the purchase card.** Payment of NAPS Game Officials do not require prior APC authorization.

(2) Convenience Check Order Form. Use of **Appendix J-2** is mandatory. Provide a complete description of item/service/conference fee/subscription to be purchased. Payment of NAPS Game Officials must include the event officiated, pay rate, and date services were performed.

(3) Obtain approvals for any Items Requiring Special Attention. NAVSUPINST 4200.99 identifies certain items which require special approvals prior to making the purchase. Approvals must be included with the purchase request and retained as part of the reconciled and certified file. Space for these approvals is provided on the Convenience Check form. Items requiring additional approvals include Audiovisual Equipment and Supplies, Information Technology Supplies, Services and Equipment, SF Form 182 Training Requirements, HRD Request/Approval for Authority to Advertise, Hazardous Materials, and Printed Material/Duplicating Services. See Chapter 5 of this IOP for detailed instructions.

(4) Include \$1 and 2.25 percent of the check amount for each convenience check requested.

(5) Obtain Vendor/Individual Information. **Check will not be issued without all information listed below.**

- Payee's Name.
- Payee's Address.
- Payee's Phone number.
- Payee's tax identification number (i.e., Social Security number or their employee identification number).

(6) The Cost Center Delegated Authorizing Official will not approve the document without written approval from APC. Payment of NAPS Game Officials do not require prior APC authorization. The Cost Center Delegated Authorizing Official will ensure that the purchase is necessary to meet minimum requirements and that sufficient funds are committed by the financial manager and are available to meet the requirement of the purchase card action.

(7) Prior to making the purchase, CHs must contact the Convenience Check Cashier for a Bank Card Number to put on the Convenience Check Order. Submit the request to the assigned FASTDATA technician for entry into the financial system. The FASTDATA technician will 1) assign document number and 2) annotate the accounting data and cost code. They will enter the amount in FASTDATA, but it only becomes a valid obligation after the order has been placed.

(8) Only the CH has the authority to make the purchase.

(9) Submit package to Convenience Check Cashier for processing after the service or item has been received. Provide a POC who will pick-up convenience check and sign for receipt and delivery of check to requestor. Check will not be issued without all information listed above. The Convenience Check Cashier will enter the date the check was written and the check number on the Convenience Check Order Form. A copy of the check will be retained for their records. The Convenience Check Cashier will ensure the check receiver prints their name and signs and dates the Convenience Check Order Form. They will provide the completed Convenience Check Order Form, the check, and a blank Receipt and Acceptance memo (Appendix J-3) to the check receiver. A copy of the check will be submitted with their convenience check statement.

(10) The Individual receiving the Check from the Convenience Check Cashier will 1) ensure the Vendor/Individual and Item/Service Receiver complete the Receipt and Acceptance memo (Appendix J-3), and 2) ensure the completed Receipt and Acceptance memo (Appendix J-3), receipts, and/or invoices are forwarded to the Convenience Check Cashier immediately upon receipt.

#### b. Convenience Check Cashier Responsibilities

(1) DFAS 1099 Reporting. There is a statutory requirement for DOD/DON to report payments made to contractors/merchants using convenience checks that are reportable to the IRS. Reportable payments include payments for services, rent, medical, training, maintenance fees, instructors, teachers, speakers, etc., regardless of the dollar value. If the payment was for goods and services combined, it must be reported.

Data shall be reported to DFAS via the 1099 Tax Reporting Program on the Internet. Payments are to be reported on a calendar year basis (January – December) and are to be entered in DFAS on a monthly basis. Deadline for all calendar year data input is December 31. Convenience Check Cashiers shall submit a copy of the DFAS Convenience Check /1099 Report monthly with their statement.

(2) Closing a Convenience Check Account. The Convenience Check Cashier shall notify the APC in writing when all checks have cleared the account, and turn over all unused checks to the APC ASAP for destruction. The following procedures will be followed when destroying convenience checks.

(a) Destruction. A memo shall be prepared that includes the complete mailing address of the command; date of destruction; check number of each check; typed name, title, grade or rank and signature of the witness; and typed name, title, grade or rank and signature of the check writer. When blocks of checks are destroyed, the beginning and ending check numbers of the block may be shown. Otherwise, each check shall be listed in numerical sequence.

(b) Verification. The check writer and at least one witness shall examine the checks to verify they are the actual checks to be destroyed, verify the check numbers with information on the memo and sign the memo only after witnessing the actual destruction of the checks.

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

MEMORANDUM

From: \_\_\_\_\_ (Cardholder)

To: Convenience Check Cashier

Via: Purchase Card Agency Program Coordinator (APC), Comptroller Department

Subj: SOLE SOURCE JUSTIFICATION FOR CONVENIENCE CHECK

Encl: (1) Documentation or signed statement from the vendor that they do not accept the government purchase card

1. Request authorization for the use of a convenience check to purchase below item(s)/service

from: \_\_\_\_\_ who is the only vendor that can fulfill the requirement to the exclusion of other sources for the following reason:

Item/service: \_\_\_\_\_ Description: \_\_\_\_\_

Justification: \_\_\_\_\_

2. The above-cited vendor does not accept the government purchase card, see enclosure (1).

3. The following three vendors were contacted in an effort to locate a source that does accept the government purchase card:

Vendor Name	Point of Contact	Phone #	Accepts Card?	If Yes, give REASON for not using Vendor?
			Yes / No	
			Yes / No	
			Yes / No	

I certify that the statements made above are applicable and true to the best of my knowledge.

\_\_\_\_\_  
(Cardholder Signature)

\_\_\_\_\_  
(Cardholder printed name)

Endorsement

	<u>Approved</u>	<u>Disapproved</u>	<u>Date</u>
Request	_____	_____	_____

Reason if disapproved: \_\_\_\_\_

\_\_\_\_\_  
(APC signature)

**FY XX CONVENIENCE CHECK ORDER**

Req. #: N00161-XX-RQ 0

**PRIVACY ACT STATEMENT**

AUTHORITY: E. O. 9397 (SSN); 31 USC 3327; and 5 U.S.C. 301.  
 PURPOSE(S): The Electronic Funds Transfer Records will provide DoD with a central repository for military and civilian remittance information, which will be used to verify the validity of payee and financial institution accounts prior to issuing an electronic payment.  
 ROUTINE USES(S): The disclosure is limited to information necessary to establish the identity of the individual, including name, and Taxpayer Identification Number (Social Security Number for individuals). SSN is required to report payments made to contractors/merchants using convenience checks that are reportable to the IRS if there is no taxpayer ID number.  
 DISCLOSURE: Voluntary; however, failure to furnish information requested will result in denial of issuing a convenience check.

**Requested by:** \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
**Merchant:** \_\_\_\_\_ Point of Contact: \_\_\_\_\_  
 \_\_\_\_\_ Address \_\_\_\_\_  
**Taxpayer ID Number (TIN):** \_\_\_\_\_ SSN (if no TIN): \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

**SOLE SOURCE JUSTIFICATION ATTACHED (AND/OR SF182 FOR TRAINING OR AUTHORITY TO ADVERTISE MEMO IF APPLICABLE)**

I have verified that all items below meet minimum mission need and were screened for availability from Mandatory Government sources.

Cost Cntr/Sub-Cost Cntr Head signature:	Delegated Authorizing Official signature:
Printed Name & Date:	Printed Name & Date:

**RESEARCH \$\$ ONLY:** \_\_\_\_\_  
**Research Office Authorization:** \_\_\_\_\_  
 End use: \_\_\_\_\_ Whose money? (e.g., dept? faculty member's research? Research Office (such as ONR-Midrn) T&L? FDF? \_\_\_\_\_)  
 \_\_\_\_\_  
**Signature for Account** \_\_\_\_\_  
 \_\_\_\_\_

Date entered in FASTDATA: \_\_\_\_\_ BC # N00161-XX- \_\_\_\_\_  
 Accounting Data: All Others:  17X1804.22LA 000 00161 0 068566 2D Cost Code: 00161X  
 (select one) Gift:  17X8733.6801 000 Cost Code: 00161X **Amt. Ob:** \$ \_\_\_\_\_

**Convenience Check Cashier:** \_\_\_\_\_ Phone #: \_\_\_\_\_ Date Items Ordered \_\_\_\_\_  
 \_\_\_\_\_  
 Provide a copy of your monthly Citidirect statement to your Accounting Technician  
 \*\*\*\*\*SPECIAL APPROVALS REQUIRED (IF APPLICABLE ARE ATTACHED)\*\*\*\*\*

COMPLETE DESCRIPTION	DATE OF CHECK	CHECK NUMBER	COST	SHIPPING	AMOUNT OF CHECK	BANK FEE (\$1 & 2.25% of total check)	TOTAL PRICE
NOTIFY VENDOR OF TAX EXEMPTION (ACCOUNT NUMBER 30005004)					\$ -	-	\$ -
<b>TOTAL THIS PAGE</b>					\$ -	-	\$ -

**ATTACH INVOICE & RECEIPT AND ACCEPTANCE FORM**

**Check Receiver's signature:** \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print Check Receivers' Name: \_\_\_\_\_  
**Payment Information:** Partial Payment: \_\_\_\_\_ Statement Month: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Final Payment: \_\_\_\_\_ Statement Month: \_\_\_\_\_ Amount: \_\_\_\_\_  
**Total Cost:** \$0.00

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

From: Convenience Check Cashier: \_\_\_\_\_ (Printed Name)

To: Individual Receiving Check: \_\_\_\_\_ (Printed Name)

Subj: RECEIPT AND ACCEPTANCE FORM

Encl: (1) Requisition #: \_\_\_\_\_

- 1. Signature for the receipt and acceptance of all supplies, services and equipment are required by DoD policy. Please ensure all dates and signatures in checked paragraph 2.a. or 2.b. (as appropriate) are completed for all items listed on enclosure (1).

- 2.a. \_\_\_\_\_ For a check written to vendors with APC Approved Sole Source Justification, all items in this sub-paragraph must be completed and signed.

Item/Service received on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Receiver Printed Name

\_\_\_\_\_  
Signature of Receiver of item/service

- 2.b. \_\_\_\_\_ For a check written to Individuals without a tax ID number (Individual is using SSN), all items in this sub-paragraph must be completed and signed.

- (1) I am not in a position, or do not accept the government purchase card as a method of payment, therefore, I am accepting check number \_\_\_\_\_ in payment of items received/services rendered.

\_\_\_\_\_  
Printed Name of Individual on check

\_\_\_\_\_  
Signature of Individual on check and date

- (2) Date Item/Service received: \_\_\_\_\_

NAPS Sports Officials only: \_\_\_\_\_  
Event Officiated

\_\_\_\_\_  
Receiver Printed Name

\_\_\_\_\_  
Signature of Receiver of item/service

- 3. This original completed form must be returned to me ASAP. If paragraph 2.a. applies, a receipt must be submitted in addition to this form.