

Vouchers for Reproductive Health Services Project



Vouchers for Reproductive Health Services Project (“VMA”)
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Standard Operating Procedure (“SOP”)

TITLE: PROCUREMENT

Version Date: Wednesday, 02 February 2011

Replaces SOP No.: New

Dated: New

Document owners:	Marcel Reyners, Sieng Rithy Long Leng	Team Leader (“TL”) Deputy Team Leader (“DTL”) Project Administrator (“PAD”)
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Authorisation:

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Use only current electronic version of SOPs for reference purposes.
In hard copy, this version is only valid on the day of printing.
Wet ink signed originals are valid unless superseded by an updated version

1. OBJECTIVES

The objectives of this SOP are to ensure:

- Only valid purchase requests are raised for goods and services required by the project
- Suitable and reliable suppliers are selected to ensure quality purchase from an appropriate source
- Only valid and approved purchase orders are placed for goods and services required by the project
- Valid payments are made to the right suppliers for the right amount and quantity, and proper recording
- All purchases are evaluated and concluded at the best possible price, quality and economic outcome

2. SCOPE

This SOP is applicable to all administration staff, accounts staff and the management with regards to purchase of goods and services for the Vouchers for Reproductive Health Services Project. This SOP covers:

- Identification of a purchase requirement and approval of purchase request.
- Obtaining of quotations and preparation and approval of purchase orders.
- Receipt of goods and services.
- Payment of goods and services.

3. DELEGATION OF AUTHORITY

- The procurement functions include all actions necessary for the purchase of goods and services to ensure quality products are obtained at the lowest prices through competitive procurement from qualified suppliers.
- The oversight and approval of authority for the procurement functions rest with the Team Leader of the Voucher Management Agency (VMA), hereinafter referred to as the TL.
- The TL may further delegate procurement authority to designated VMA staff to carry out procurement activities but in doing so, designated persons should retain responsibility for the overall efficient and cost-effective procurement.

4. POLICY

- Use funds for purpose intended with economy (best price and quality) and efficiency (delivery time)
- Equal opportunity
- Transparency

NOTE

The following procedures are written based on the understanding that the VMA employ only four staff as follows: Team Leader (TL), Deputy Team Leader (DTL), Project Administrator (PAD), and Admin Assistant (AA).

<p>Assumptions: At the moment, VMA does not need to purchase very material items that would need bidding processes. If such a need arises, it will be done by EPOS head quarters.</p>				
<p>3. Purchase Order (Annex 3)</p> <p>3.1 After PR form is approved, AA raises PO for the authorised PR and checks to ensure prices do not exceed the budgeted values on PR.</p> <p>3.2 AA should keep on file all signed, hard copies of all uniquely referenced, sequential PO.</p> <p>3.3 AA checks to ensure PO are acknowledged by the supplier and submit to DTL for review.</p> <p>3.4 PO are reviewed, signed and approved by TL.</p>	<p>X</p>			<p>X</p> <p>X</p> <p>X</p> <p>X</p>
<p>4. Goods/services received</p> <p>4.1 Good Receipt Note (Annex 4), pre-numbered, should be raised by AA. AA checks inventory received (quality, amount, specification etc) against Purchase Order. This GRN should be attached to payment voucher.</p> <p>4.2 Invoices/receipts should be signed by department head requesting for goods/services.</p> <p>4.3 Refer to cash and bank process for payment process</p>	<p>X</p>			<p>X</p>

6. REVISION HISTORY

This SOP should always be reviewed together with the SOP for inventory management

Date Reviewed	Date Revised	Replacement SOP#	Initials
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7. ANNEXES: 4



Voucher Management Agency

PURCHASE REQUEST FORM

(Required for Purchases or Advance)

Check for applicable:

Purchase

Advance (excluded event)

ITEM	DESCRIPTION	QTY	AMOUNT		
			UNIT PRICE	KH RIELS	US\$
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
TOTAL					

REQUESTED BY:	DATE:
POSITION TITLE:	UNIT:
REVIEWED BY:	DATE:
POSITION TITLE:	UNIT:
APPROVED BY :	DATE:
POSITION TITLE:	UNIT:

Voucher Management Agency
Phnom Penh Office
Date:

Kingdom of Cambodia
Nation Religion King

Summary Evaluation Sheet

I-Participants:

No	Name	Position	Signature

II-Topic:

III-Activities: The quotation was from three different shops:
 Company Name 1
 Company Name 2
 Company Name 3

III-Summary of the meeting:

Company Name:	Price
1. Company Name 1	xxxxx
2. Company Name 2	xxxxx
3. Company Name 3	xxxxx

IV-Conclusion

.....
.....
.....
.....
.....

Prepared by

Approved by

Name:
Position:

Name:
Position:

Voucher Management Agency



Purchase Order # _____

PURCHASE ORDER

Name of Purchaser : _____ Supplier name : _____
 Type of Goods : _____ Address : _____
 Location : _____
 Account Code : _____ Credit terms : _____
 Date of Issue : _____ Delivery date : _____
 Date of Expiry : _____

Please note that your authorized representative together with a AFH designated representative must sign two (2) copies of the delivery notes for receipt of correct and complete materials.

Item	Description (Brand name/details)	Quantity	Unit Price	Total

....Items continued on another sheet (Y/N)

TOTAL: _____ **\$0.00**

Payment information

Cheque payable should be made to.....

Bank Transfer: A/C Name:.....

A/C Number:.....

Signed for VMA by:

Name : _____

Position: _____

Date : _____

Signature: _____

Signed for supplier by:

Name : _____

Date : _____

Signature: _____



Voucher Management Agency

Goods Receipt Note

Date:

The following Goods is received from :

Name:

position:

Company:

No	Description	Qty	Brand Name	Model	Serial Number	Location	Working Condition

Received by

Delivered by

Approved by

Name:

Position:

Name:

Position:

Name:

Position: