

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICY MANUAL**

RESTRICTED FUNDS DISBURSEMENT

Effective Date:	06/1993	Policy No:	FI18
Cross Referenced:		Origin:	Finance Department
Reviewed Date:	09/04, 09/07, 11/10	Authority:	Chief Financial Officer
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PURPOSE

To provide a procedure for disbursement of restricted funds for the purchase of equipment or to pay other expenses.

PROCEDURE

1. Manager will complete purchase requisition form.
2. Indicate on the purchase requisition the Due from Restricted Control Account Number (1071.20234) and the restricted fund account name from which the funds should be drawn, or 20235 the Due from Restricted Medical Staff Account Number.
3. The Accounting Manager will verify the balance of the restricted account and authorize expenditure by initialing the budget verification box on the requisition form.
4. The Administrative Director will sign the purchase requisition.
5. Send requisition to Purchasing Department for processing.
6. The Accounting Department will record the purchase and use of restricted funds via journal entry transactions.