

WEST CONTRA COSTA HEALTHCARE DISTRICT

BOARD POLICY Section II - #8	Page 1 of 1
	Effective Date: 02/29/96
Subject: Delegation of Authority	Revised Date: 05/23/12
	Approved By:

The Board of Directors of the West Contra Costa Healthcare District desires to delegate authority to the Governing Body and the CEO consistent with the attached authorization matrix.

**Doctors Medical Center - San Pablo
Signature Authorization Matrix**

Type of Request	Form(s) to be Used	Comments	Dollar Threshold	Person(s) Initiating Request	Required Approval
Purchase Order Items					
<p>Capital Expenditures</p> <p>Examples:</p> <ul style="list-style-type: none"> • Furnishings, workstation, window treatments, curtains and beds • All construction and renovation requests • Clinical equipment • Computers and related items • Copy machines 	<p>“Capital Equipment Request Form must be submitted with each request to Finance. Request must include:</p> <ul style="list-style-type: none"> • Item Description • Classification • Justification • Acquisition Cost Impact • Revenue Generating • All Appropriate Authorizations • Plant Operations Considerations • Engineering Recommendation • Bio-med Considerations • IS Review 	<p>Items with a value of at least \$5,000 and a useful life of at least three (3) years. Group purchases of items with a value of less than \$5,000 would apply if they are a part of an upgrade to facilities or equipment.</p> <p>When a Capital Expenditure is requested, if it was budgeted for, the request should simply state so and the budget amount. If it was not budgeted for, the request should indicate what item(s) in the budget will be substituted.</p>	<p>>\$5,000</p>	<p>The respective Dept. Director of the requesting Department must sign each requisition.</p>	<p>Responsible Executive: Executive team member over the department/function (CFO, COO, CNO)</p> <p>Chief Operating Officer or Chief Financial Officer and Chief Executive Officer</p> <p>Governing Body approval necessary for all items in excess of \$25,000.</p>

**Doctors Medical Center - San Pablo
Signature Authorization Matrix**

Type of Request	Form(s) to be Used	Comments	Dollar Threshold	Person(s) Initiating Request	Required Approval
Stock and Non-stock Items	Purchase Requisition	Includes Medical and Non-medical Supplies and blanket PO Items	<\$10,000 >\$10,000	All Dept. Managers or Designees	Must be signed by Dept. Manager, then submitted to Purchasing Dept. Manager . CFO if over \$10k.
Non-Purchase Order Items					
Major Management Contracts (these contracts are generally on-going items)	A/P must receive a copy of the executed contract. Invoices or payment schedule must be approved and submitted to A/P.		<\$100,00/yr >\$100,00/yr	Department Manager/Direct	Responsible Executive, CFO, Legal (if applicable) Above. plus CEO & The Governing Body
Professional Service Agreement					
Insurance	Policy must be approved Subsequent invoices approved & submitted to A/P.	Policy Check Requests	All All	CFO	CEO CFO
Physician Contracts	Authorization for Physician Payment Form and copy of executed agreement must be submitted to A/P.	All renewals with less than 10% increase New Contracts	All >\$50,000		Legal and CFO or COO and CEO Above plus Governing Body
Routine Vendor Payments (Cash Disbursement Expenses) Personal / Travel Expense	Check Request Form	This form is used for all payment requests in a check form to be made to vendors.	<\$500 >\$500	Dept. Managers or Designees	Dept. Director Dept. Director & Responsible Executive

**Doctors Medical Center - San Pablo
Signatures Authorization Matrix**

Type of Request	Form(s) to be Used	Comments	Dollar Threshold	Person(s) Initiating Request	Required Approval
Budgeted Discretionary Items	Check Request Form	Expense Codes: 090940 Temp help 290000 Professional Fees 690000 Purchased Service Print & Publication 696000 Delivery 870000 Continuing Education Travel Marketing/Sales 500500 Recruiting 650500 Collection 691000 Advertising 862000 Dues 860000 Subscriptions	<\$500 and in the budget	All DMC Employees	Dept. Manager/Director
Un-Budgeted Discretionary Items	Check Request Form		>\$500	Dept. Director, Responsible Officer	Department Director / Responsible Executive
		<\$50,000	Dept. Director, Responsible Officer	CEO	
			All Amounts	Department Manager	Responsible Executive