RHCD – AM – 0001 Revision 1

REDBUD HEALTH CARE DISTRICT PROCEDURE

Title: Procurement Authorization Requirements

1.0 Purpose

To define the authorization requirements for procurement of Redbud Health Care District operating supplies and equipment.

2.0 **Requirements**

- 2.1 Operating supplies necessary for operation of the Redbud Health Care District with a total cost of \$300 or less and purchased from a single supplier, can be ordered by the Administrative Manager (or an individual Board member), without formal approval of the Board of Directors.
- **2.2** Individual equipment or furniture items necessary for operation of the Redbud Health Care District with a total cost of \$300 or less, can be ordered by the Administrative Manager (or an individual Board member), without formal approval of the Board of Directors.
- **2.3** Operating supplies purchased from a single supplier and individual equipment or Furniture items with a total cost greater than \$300 must have the formal approval of the Board of Directors.
- **2.4** All checks issued by the Redbud Health Care District must have two signatures, The Administrative Manager and an authorized Board member or two authorized Board members.
- **2.5** Under no circumstances will there be any pre-signed checks.

Approved by___

Date_____

President, Board of Directors