	<b>The Johns Hopkins Health System Policy &amp; Procedure</b>	<i>Policy Number</i>	FIN004
		<i>Effective Date</i>	01/01/09
	<i>Subject</i> SIGNATURE AUTHORITY: SHOPPING CARTS AND CHECK REQUESTS FOR NON- CAPITAL GOODS AND SERVICES	<i>Page</i>	1 of 2
		<i>Supersedes</i>	01-01-08

Revisions noted by vertical bar in right margin

**POLICY**

This policy applies to The Johns Hopkins Health System Corp. (JHHS) and the following affiliated entities: The Johns Hopkins Hospital (JHH), Johns Hopkins Bayview Medical Center (JHBMC), Howard County General Hospital (HCGH), Johns Hopkins Community Physicians (JHCP), Johns Hopkins Medical Services Corporation (JHMSC), Johns Hopkins Medicine International (JHMI), Ophthalmology Associates (OA), Johns Hopkins Employer Health Programs (EHP), Johns Hopkins Medical Management Corporation (JHMMC), Priority Partners (PP), Johns Hopkins Pharmaquip, Inc. (JHPQ), Johns Hopkins Home Health Services, Inc. (JHHHS), Johns Hopkins Pediatrics Home, Inc. (JHPAHI), Johns Hopkins HealthCare (JHHC), Johns Hopkins Home Care Group (JHHCg), Suburban Health Center (SHC), Broadway Acquisition and Development, and HCGH OB/GYN Associates Series, LLC (HCGH OBGYN).


**Purpose**

"Non-Capital Goods and Services" are materials, supplies, and services whose purchase is initiated by a shopping cart for purchase order (including standing or blanket orders) or check request. This definition does not include consulting services, which are procured in accordance with JHHS Finance Policy No. FIN009 - Signature Authority and Procedures for Obtaining Consulting Services. The following levels of authorization are required for shopping carts or check requests for non-capital goods and services:

AMOUNT (Total check request or shopping cart for less than one year only)	HCGH	JHBMC	JHH	JHHS	OTHER AFFILIATES
Single shopping cart /check request between \$5,000 and \$49,999	VP Level	Area Vice President or designee	Area Vice President or designee	Area Vice President or designee	Area Vice President or designee
Single shopping cart /check request less than \$100,000	President/CEO	Area Vice President or designee	Area Vice President or designee	Area Vice President or designee	Area Vice President or designee
Single shopping cart /check request \$100,000 - \$500,000	President/CEO	Area VP	Area VP <sup>(1)</sup>	Area VP	Area VP
Single shopping cart /check request \$500,001 and over in current budget year or any multi-year contracts	President/CEO	VP- Finance/CFO	VP- Finance/CFO and Treasurer of the JHHS	VP- Finance/CFO and Treasurer of the JHHS	VP- Finance/CFO

All delegations of signature authority shall be made in accordance with JHHS Finance Policy No. FIN007 - Management Delegation of Signature Authority. The Vice President of Finance/CFO of each affiliate

1 Nursing temporary employee blanket shopping carts may be approved by the nursing Director responsible for the cost centers being charged  
2. All disposable contracts that include equipment must be approved by the JHHS Capital Administrator

 <p><b>JOHNS HOPKINS</b> M E D I C I N E JOHNS HOPKINS H E A L T H S Y S T E M</p>	<p><b>The Johns Hopkins Health System Policy &amp; Procedure</b></p>	<i>Policy Number</i>	FIN004
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may impose higher levels for signature authority as required regarding the documents covered by this policy. Signature Authority at Johns Hopkins Community Physicians will follow this schedule:

Single cart/check <\$1,0000	Department Head
Single cart/check \$1,0000 - \$49,999	JHCP CFO or designee
Single cart/check >\$49,999	JHCP CFO

**REFERENCE**

**JHHS Finance Policies and Procedures Manual**

- Policy No. FIN003 -Signature Authority: General Policy
- Policy No. FIN007 - Management Delegation of Signature Authority
- Policy No. FIN009 - Signature Authority and Procedures for Obtaining Consulting Services

**RESPONSIBILITIES**

Supply Chain Shared Services Center and Materials Management	Process shopping carts and check requests only when the appropriate signatures appear on same.
Accounts Payable Shared Services Center	Process check requests and invoices only when the appropriate signatures appear on same.

**SPONSOR**

Vice President of Finance/Treasurer & CFO, JHHS & JHH

**CYCLE REVIEW**

Three (3) years

**APPROVAL**

\_\_\_\_\_  
President, JHHS

\_\_\_\_\_  
Date