
 <b>OSPITAL NG PARANAQUE</b> 		Document Code: <b>OSPAR-ADS-NDS-010</b>
<b>ANCILLARY DIVISION HOSPITAL POLICIES AND PROCEDURES MANUAL APPROVAL MATRIX</b>		Implementation Date: 1978 (Presently implemented with Revision)
<b>Policy Title:</b> <b>NUTRITION AND DIETETICS SERVICE POLICY ON CREDIT PURCHASE</b>		Page No. <b>1 of 2</b>
		Section / Department: <b>NUTRITION AND DIETETICS SERVICE</b>
<b>Prepared By:</b>  <b>Kara Angelica L. Benavente, RND, MPA</b> Chief Dietitian, Nutrition and Dietetics Service  <b>Reviewed By:</b>  <b>Rizalina Lavaria, CPA</b> Head, Business Unit	<b>Reviewed By:</b>  <b>Redentor P. Alquiros, MD</b> Chief of Clinics  <b>Darius J. Sebastian, MD, MPH, PHSAE</b> Hospital Administrator, Ospital ng Parañaque	<b>Approved by:</b>  <b>Jefferson R. Pagsisihan, MD, MHM</b> Hospital Director, Ospital ng Parañaque

**CLASSIFICATION:** COMPREHENSIVE

**OBJECTIVES:**

This policy shall clearly state the procedure to follow on credit to suppliers.

**COVERAGE:**

This policy covers this section and cash section.



**POLICY:**

1. This policy shall ensure that credits to supplier be done only during the delayed release of funds.
2. This policy shall be followed and shall abide with the policy of the cashier in paying all dues to suppliers.
3. It shall be the responsibility of the cashier to inform the section head the limited cash on hand for cash purchases.
4. It shall be the responsibility of this section to properly fill up the purchase order form in triplicate. It must be recorded before submitting the original copy to the cashier for payment.
5. The Nutrition and Dietetics Service as requestor shall properly fill out the credit market purchase slip in triplicate and must be approved by immediate superior / Chief Dietitian.
6. Original copy of credit purchase form must be submitted to the cashier on weekly basis for reimbursement. Likewise, duplicate copy left in this section for filing purposes/
7. Due to accounts to creditors shall be done by the Chief Dietitian or the Cash section whenever cash replenishment is available.



**APPENDIX B:**

**SCHEDULE FOR POLICY REVIEW:** This policy shall be reviewed when deemed necessary.

## Daily Credit Purchase Form

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**APPENDIX B: MONTHLY CREDIT PURCHASE FORM**

 <div style="text-align: center;"> <b>OSPITAL NG PARAÑAQUE</b>          Quirino Avenue. La Huerta, Parañaque City       </div> 					
MONTH	FOOD EXPENSES	CASH ON HAND	Balance to Supplier/month	For Reimbursement	STATUS
					e.g. For reimbursement in City Hall
<b>TOTAL:</b>					
<b>Balance to SUPPLIER as of _____</b>					<b>P _____</b>
Prepared by:  Chief Nutritionist-Dietitian					

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