

# Cowlitz County Wellness Committee

---

## **Invoicing and Purchasing Guidance**

*This document is intended to provide information and guidance to Wellness Committee Event Champions when making event coordination details or selecting incentive purchases.*

Event proposals, including a specific budget, must be submitted to the Committee using the online [Wellness Event Sponsorship Form](#).

Event budget must be reviewed and approved by the Wellness Committee. A Committee Chair will sign the approved copy and provide an electronic or hard copy to the Champion.

Event budget must not be exceeded without express approval from the Committee or Co-Chairs.

An invoicing packet must be submitted to a Co-Chair for Event invoice payments. See Attachment A.

A purchasing packet must be submitted to Stephanie Dunn at extension 2736 for purchasing items with a County credit card. See Attachment B.

Event Champions must track, at minimum, who signed up to participate, who actually participated and if any family members participated, which employee they are connected to. Additional details may be tracked, depending on the event type. An example is included in Attachment A.

*Q: Should I use an invoice or purchasing request?*

Invoices will primarily be used for purchasing registrations, although they may be used for materials purchases. Purchasing requests may be used for credit card transactions, particularly for incentive purchases. If you have specific questions, please call Gayle at extension 6424 or Amy at extension 6544.

*Note:*

American-made products of a similar cost and/or quality are preferred for Committee incentives, when a choice exists.

# Wellness Event or Item Invoicing

---

## Checklist

Use this form for invoicing or reimbursement.

Please include the following information, ordered or purchased as displayed.

- Itemized invoice. Includes:
  - Number of items (such as people registered), cost per each item, total cost.
  - Check payable to \_\_\_\_\_
  - Mail to: \_\_\_\_\_  
\_\_\_\_\_

**NOTE: Vendors should be informed that the County pays invoices on the fifteenth and last days of the month.**

- Committee approved, signed Wellness Event Sponsorship Form.
- Meeting Minutes Date \_\_\_\_\_ (Do not include actual minutes)
- Event promotional materials.
- Employee/Relative involvement form. This may be submitted after the event has occurred.

Example:

<i>Employee Name</i>	<i>Family Member(s)</i>	<i>Department</i>
John Doe	Jane Doe	Public Works
Jimmy Dean	Betty Crocker	Health

## Approval

---

This submittal is complete to the best of my knowledge and in accordance with the express direction of the Cowlitz County Wellness Committee.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Committee Co-Chair

# Wellness Purchase Request

---

## Checklist

Use this form for online or local purchases requiring a credit card.

Contact Stephanie Dunn at extension 2736 after completing the checklist below.

- Itemized request. Includes:
  - Number of items, cost per each item, total cost. A web print out is desirable.
  - Phone Number or Website: \_\_\_\_\_
  - Ship To: \_\_\_\_\_  
\_\_\_\_\_
  
- Local Purchases: Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_
  
- Committee approved, signed Wellness Event Sponsorship Form.
  
- Meeting Minutes Date \_\_\_\_\_ (Do not include actual minutes)

## Approval

---

This submittal is complete to the best of my knowledge and in accordance with the express direction of the Cowlitz County Wellness Committee.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Committee Co-Chair