



# HARPER COUNTY

## REQUEST FOR COUNTY BOARD ACTION

Items must be received in the Administrator's Office by 12:00 Noon on the Thursday prior to the scheduled meeting to be considered.

Item #: \_\_\_\_\_  
(Assigned by Administrator)

Meeting Date: 05/17/2021

Department: Health

Item Requested: Department update, Inordinate Spending Authorization, and Travel Request

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- Department Update
  - COVID-19
  - Annual 340B Enrollment complete
  - Annual VFC Enrollment
  - Program updates
- Inordinate Spending Authorization – Rotarix Vaccine - \$2,343.54
- Travel request



## Inordinate Spending Authorization

(For items above spending limits but within budgets.)

Department: Health Date: 5/13/21

Requestor: Heather Struble

Item description: Rotarix Vaccine  
 Cost Per Item: \$116.80    Quantity: 20    Extended Cost: \$2,336.04

Item description: \_\_\_\_\_  
 Cost Per Item: \_\_\_\_\_    Quantity: \_\_\_\_\_    Extended Cost: \$0.00

Item description: \_\_\_\_\_  
 Cost Per Item: \_\_\_\_\_    Quantity: \_\_\_\_\_    Extended Cost: \$0.00

Item description: \_\_\_\_\_  
 Cost Per Item: \_\_\_\_\_    Quantity: \_\_\_\_\_    Extended Cost: \$0.00

Related expenses (eg. Shipping & Handling): 7.5

Total Requested Spending: \$2,343.54

Budget Account(s):	Fund	Dept	Object	Amount
	<u>008</u>	/ <u>24</u>	/ <u>306237</u>	\$ <u>2,343.54</u>
	_____	/ _____	/ _____	_____
	_____	/ _____	/ _____	_____
	_____	/ _____	/ _____	_____
	<b>Total budget lines:</b>			<b>\$ <u>2,343.54</u></b>

**Project description/justification:**

Estimate of vaccine needs for immunizations. Will only order as needed to reduce potential for vaccine wastage.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach required quotes and additional documentation as needed.**

Approved Date: \_\_\_\_\_

BoCC Signature: \_\_\_\_\_

**TRAVEL REQUEST AND REIMBURSEMENT FORM  
HARPER COUNTY, KANSAS**

Employee Name: Heather Struble | Department: Health

**PART 1 – TRAVEL REQUEST**

Destination: Pratt

Purpose / Justification of Travel: SKCPH Admin. Meeting

Method of Travel (mark one)  County Vehicle  Bus  Air  
 Train  Private Auto  Other Ride with Reg. PHEP Coordinator

Date of Departure: 06/11/21 | Date of Return: 06/11/21 | Are funds budgeted for this request? Yes  No

Budget line: 0% *Must = 100%* #1: 008/26/301076 % :100 #2: %: #3: %

Heather Struble 05.11.2021  
 Department Head Signature Date

\_\_\_\_\_  
 Commissioner Signature Date

**PART II – EXPENSE REPORT**

Expense Category			Estimated Total	Actual Total	<b>Instructions:</b>  <i>Prior to Travel:</i> Employee completes PART-I and Estimate portion of PART II. Department Head and County Administrator must sign under PART-I to approve travel.  <i>Post Travel:</i> Requesting Employee completes Actual PART-II and submits to Department Head for approval with receipts to be vouched for next accounts payable.
A. Lodging for _____ days at \$ _____ per day			\$ _____	\$ _____	
B. Transportation for <u>140</u> miles at current rate per mile Fare \$0.56			\$ 78.40	\$ _____	
Meals (Number of):			Total	\$ _____	
Breakfasts:	meals @ _____	per meal.	\$ _____	\$ _____	
Lunches:	meals @ _____	per meal.	\$ _____	\$ _____	
Dinners:	meals @ _____	per meal.	\$ _____	\$ _____	
C. Fees (Registration, Dues, etc.) ITEMIZED List:			\$ _____	\$ _____	
D. Miscellaneous (Taxi, Telephone, Tolls, etc.)ITEMIZED List:			\$ _____	\$ _____	
RECEIPTS MUST BE ATTACHED FOR APPROVAL		<b>TOTALS:</b>	\$ 78.40	\$ _____	

**PART III – OFFICE USE ONLY**

A. Prepaid Registration:	Reconciliation:
B. Prepaid Travel Reservations:	
C. Other:	

Requesting Employee Statement: I certify this actual expense incurred and was accomplished in accordance with the travel authorization and the information hereon is correct.

\_\_\_\_\_  
 Requesting Employee Signature

\_\_\_\_\_  
 Department Head Approval Signature

Copies: Original to personnel file – Copy to HR – Copy to Department Head

## Southcentral Kansas Coalition for Public Health

Serving Barber, Comanche, Edwards, Harper, Kingman, Kiowa, and Pratt Counties

*Working Together for Healthy People and Strong Communities*

712 S. Main  
Pratt, KS 67124  
Phone: 620-672-4135  
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Email: [darcienv@prattcounty.org](mailto:darcienv@prattcounty.org)

President: Mitch Craft  
Secretary: Darcie Van Der Vyver  
Women's Health Coordinator: Kerri Ulrich  
WIC Coordinator: Kerri Ulrich  
PHEP Coordinator: Virginia Downing  
PHEP Regional Fiscal Agent: Pam Rickard

### Administrative Board Meeting Agenda

Friday, June 11, 2021; 9:00 am - Noon

Pratt City Fire Station, 201 S. Jackson, Pratt, KS 67124

## KS-Train Course # 1085077

9:00 am	Call meeting to order; review and approve May 7, 2021, agenda and June 11, 2021 minutes. General Discussion	
9:15 am	FP	Kerri Ulrich
9:30 am	WIC	Kerri Ulrich
9:45 am	Break	
10:00 am	PHEP	Virginia Downing
Noon	Lunch	
1:00 pm	Additional Discussion if needed	