



Successful Youth • Strong Leaders • Safer Communities

## **POLICY**

**SUBJECT:** Procurement  
**NUMBER:** MGT-629-15  
**APPLICABLE TO:** All staff  
**EFFECTIVE:** April 17, 2015

**APPROVED:** \_\_\_\_\_ /signature on original/  
**Sam Abed, Secretary**

### **I. POLICY**

It is the policy of the Department of Juvenile Services that the internal control and monitoring of the agency's procurement functions furthers the goals of the Department while ensuring compliance with statewide procurement procedures, directives, and applicable laws and regulations. All staff shall carry out their procurement functions ethically and in a fair and impartial manner consistent with State procurement policies embodied in applicable law.

### **II. AUTHORITY**

- A. MD. CODE ANN., HUM. SERVS. §§ 9-203, -204, -222(b).
- B. MD. CODE ANN., STATE FIN. & PROC., Division II.
- C. MD. CODE REGS., Title 21.
- D. Maryland Board of Public Works Advisory 1998-1, Corporate Purchasing Card.
- E. Comptroller of Maryland, General Accounting Division: *Accounting Procedures Manual for the Use of State Agencies*.

### **III. DIRECTIVES/POLICIES RESCINDED**

- A. Procurement, 02.02.06.

### **IV. FAILURE TO COMPLY**

Failure to comply with the Department's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

### **V. STANDARD OPERATING PROCEDURES**

There are no standard operating procedures associated with this policy.

**VI. REVISION HISTORY**

DESCRIPTION OF REVISION	DATE OF REVISION
New policy issued. Procedures eliminated.	April 2015



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## **DJS POLICY**

### **Statement of Receipt and Acknowledgment of Review**

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I have received and reviewed a copy (electronic or paper) of the above titled policy.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

***THE ORIGINAL COPY MUST BE PLACED IN THE EMPLOYEE'S PERSONNEL FILE.  
PLEASE RETURN THIS FORM TO THE OFFICE OF HUMAN RESOURCES.***