COMMONWEALTH OF PENNSYLVANIA STD-370 REV. 10-96	DESCRIPTIO	N					
1. Name of Employe (Last, First, MI)		2. Employe Nu	ımber F	Position Number			
3. Department Bureau Monroe County C &Y	Division	ŀ	Headquarters	Organization Code			
4. Class Title Fiscal Technician	Working Title	,		Class Code L0380/02103800			
5. Regular Work Schedule Start Time: 8:30 Lunch Length: 1.0 End Time: 5:00 Hours/Week: 37.5	Position is: X Full-Tin Part-Tir	me Tem	manent				
	Reports to: Name A. Howard	Class Title	le Fiscal Officer 2				
Days Worked (check all that apply): S M T W Th F S Explain any schedule variations: 7.5 7.5 7.5 7.5 7.5 7.5							
6. Describe the work assigned to this position, listing the critical duties and responsibilities first. Explain work in familiar terms and include machines or equipment used. Use additional paper if needed.							
RESPONSIBILITIES OF THE JOB CONSIST OF TH	IE FOLLOWING:						
Examples of Work:							
Audit invoices to be processed daily.							
Input invoice data into Child Accounting Profile System (CAPS) Fiscal Application for preparation of coversheet.							
Batch control A/P invoices, copy and send to Controller's Office for processing.							
Maintain CAPS vendor maintenance information.							
Process Foster Care and Adoption Subsidy payments monthly.							
Process staff mileage monthly.							
Reviews medically fragile payment requests and properly codes invoices for state processing.							
Maintain Children and Youth petty case.							
Maintain vendor relations by tracking unpaid invoices in the AS400.							
Prepare quarterly and annual CY-28 report.							
Follow-up on past due statements.							
Monitor monthly clothing allowances for child	dren in foster care.						
Maintain escrow account for children in foster care.							
Track missing invoices not received by vendors.							
Maintain foster parent card file for proper payment of children							

Correspond with doctors, hospitals, and clinics regarding Medical Access payments.

Request vendor numbers from the Controller's Department.					
Monthly reconciliation of CAPS to County General Ledger.					
ger					
Other duties as assigned by Supervisor					
7. Briefly describe how work is assigned to this position and how the work is reviewed.					
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. If this is a supervisory position, briefly eviewed. (If this is not a supervisory po		pordinate personnel and how their work is
. Attach an Organizational Chart iden	tifying all reporting relationships for th	is position.
	CERTIFICATION e all statements contained within the i	job descriptions are correct: This job descriptic
certify that to the best of my knowledg		
	onsists of pages. (count this form	
Employe's Signature	consists of pages. (count this form a count t	Date
Employe's Signature Immediate Supervisor's	consists of pages. (count this form a count t	as 1 page) Date