

POSITION DUTY STATEMENT

STO 1000 (Rev 11/2025)

DIVISION OR BCA Administration Division					POSITION NUMBER (Agency-Unit-Class-Serial) 820-200-4179-002		Position ID 31	
UNIT Accounting					CLASSIFICATION TITLE Accountant Trainee			
TIME BASE / TENURE Part Time/Permanent	CBID R01	WWG 2	COI Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MCR 1	WORKING TITLE			
LOCATION Sacramento					INCUMBENT		EFFECTIVE DATE	
STATE TREASURER'S OFFICE MISSION								
The State Treasurer's Office (STO) provides banking services for state government with goals to minimize banking costs and maximize yield on investments. The Treasurer is responsible for the custody of all monies and securities belonging to or held in trust by the state; investment of temporarily idle state and local government monies; administration of the sale of state bonds, their redemption and interest payments; and payment of warrants drawn by the State Controller and other state agencies.								
DIVISION OR BCA OVERVIEW								
BRIEFLY DESCRIBE THE DIVISION/UNIT FUNCTIONS The Administration Division provides support services to the various programs as well as to the Authorities directly associated with the Treasurer's Office. These responsibilities include accounting, budgeting, business services, personnel management, labor relations, Equal Employment Opportunity Office, training and management analyses.								
GENERAL STATEMENT								
BRIEFLY (1 OR 2 sentences) DESCRIBE THE POSITION'S ORGANIZATIONAL SETTING AND MAJOR FUNCTIONS Under the close supervision of the Accounting Administrator I (Supervisor), the incumbent shall perform the professional accounting work in the Accounts Payable Unit.								
% of time performing duties	Indicate the duties and responsibilities assigned to the position and the percentage of time spent on each. Group related tasks under the same percentage with the highest percentage first.							
40%	Audit, review, analyze in-state and out-of-state TEC and travel advance requests through CalATERS for accuracy, compliance and appropriateness with Government Codes, State Administrative Manual (SAM), CalHR Rules, and Department Administrative Manual (DAM). Maintain CalATERS table. Provide customer services to help travelers with various travel related issues. Review CalATERS Fi\$Cal vouchers and take necessary corrective actions for proper funding source and Chart of Accounts. Prepare Fi\$Cal replenishment voucher for the Office Revolving Fund. Assign codes in accordance with the Uniform Codes Manual. Prepare Fi\$Cal vouchers in accordance with the SAM and State Controller's (SCO) requirements.							
25%	Process accounts payable invoices which includes phone invoices, internet invoices and Connect Card invoices utilizing Fi\$Cal. Review for accuracy, proper approvals and correct coding in accordance with SAM, State regulations and DAM.							
10%	Responsible for calculating year-end expenditure accruals. Prepare accrual transactions worksheet to be uploaded to Fi\$Cal.							
10%	Prepare agency checks for travel, expense and salary advances; monitor revolving fund balance; responsible for daily distribution of SCO's reports.							
5%	Participate in the quarterly Travel Program Coordinators meetings at DGS and stay up to date on various travel rules and regulations. Help update departmental travel policy.							
5%	Assist with manual and remote site deposits.							
5%	Provide clerical support to the accounting staff.							
SPECIAL REQUIREMENTS								
N/A								
To be reviewed and signed by the supervisor and employee:								
EMPLOYEE'S STATEMENT:								
<ul style="list-style-type: none"> I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH MY SUPERVISOR AND RECEIVED A COPY OF THIS DUTY STATEMENT. 								
EMPLOYEE'S NAME (Print)				EMPLOYEE'S SIGNATURE			DATE	
SUPERVISOR'S STATEMENT:								

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<ul style="list-style-type: none"> • I CERTIFY THIS DUTY STATEMENT REFLECTS CURRENT AND AN ACCURATE DESCRIPTION OF THE ESSENTIAL FUNCTIONS OF THIS POSITION • I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH THE EMPLOYEE AND PROVIDED THE EMPLOYEE A COPY OF THIS DUTY STATEMENT. 		
SUPERVISOR'S NAME (Print)	SUPERVISOR'S SIGNATURE	DATE