DUTY STATEMENT
CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

PART A	
Position No: 830-522-4177-005	**Date:**
Class: Accountant I (Specialist)	**Name:**

In the General Fund Office of the Revolving Fund (ORF) Unit, and under the direct supervision of the Accounting Administrator I (Supervisor), the Accountant I (Specialist) will perform complex semi-professional accounting tasks. These tasks include maintaining fiscal records, managing accounts payable, overseeing petty cash, handling cash collections, and processing claims.

Percentage of time performing duties:	ESSENTIAL FUNCTIONS
30%	Pay invoices pertaining to purchase orders. Audit invoices for accuracy, completeness, and conformity to the State Administration Manual (SAM), Board of Control rules, and Government Code. Analyze all related expenditure and encumbrance information; review the document file for correct balances; verify stock receipts in the FI$CAL system, and correspond with vendors and assignees regarding questions or problems with paying invoices.
20%	Process Office of Revolving Fund (ORF) vouchers replenishments for Veterans Homes. Prepare portions of Accounts Payable accruals at fiscal year-end.
15%	Verify vendor information in the Financial Information System for California (FI$Cal). Process FI$CAL vouchers and/or claim schedules and remittance advices and ensure supporting documentations are attached as required by the State Controller's office (SCO).
10%	Process requests for Office of Revolving Fund (ORF) advances for payment to vendors in accordance with State Controller Office (SCO) and Department of General Services (DGS) requirements.
10%	Prepare Invoice Dispute Notices as needed in compliance with the California Prompt Payment Act. Distribute checks and mail. Manage and distribute correspondence, invoices, and other documents from a shared email inbox.
10%	Communicate with program(inter-departmental) staff, vendors and SCO for pertinent information and problem resolution.
NON-ESSENTIAL FUNCTIONS	
5%	Other Accounts Payable related duties as assigned.

Position No: 830-522-4177-005	Date:
Class: Accountant I (Specialist)	Name:

PART B - PHYSICAL AND MENTAL REQUIREMENTS OF ESSENTIAL FUNCTIONS

Activity	Not Required	Less than 25%	25% to 49%	50% to 74%	75% or More
VISION: View computer screen; prepare various forms, memos, reports, letters, and proofread documents.					X
HEARING: Answer telephone; communicate with Administration, department managers, department staff; provide verbal information.					X
SPEAKING: Communicate with staff, residents and the public in person and via telephone; interact in meetings.					X
WALKING: Within the Agency to various units.		X			
SITTING: Work station; meetings; training.					X
STANDING: Copy documents; review records.		X			
BALANCING:		X			
CONCENTRATING: Review documentation for accuracy; complete forms; research laws, rules and processes.					X
COMPREHENSION: Understand needs of callers; laws, rules, regulations, policies and procedures; content of meetings, trainings and work discussions.					X
WORKING INDEPENDENTLY: Must be able to work alone without much guidance or interaction from other staff at times.				X	
LIFTING UP TO 10 LBS:		X			
LIFTING 10-25 LBS:		X			
LIFTING 25-50 LBS:		X			
FINGERING: Push telephone buttons, calculator keys, and computer keyboard.					X
REACHING: Answer telephone; use a mouse; retrieve documents from printer.					X
CARRYING: Transport documents, mail.			X		
CLIMBING: Stairs.		X			
BENDING AT WAIST: Use copier; access low file drawers.		X			
KNEELING: Access low file drawers.		X			
PUSHING OR PULLING: Open and close file drawers.		X			
HANDLING: Sort paperwork; distribute mail.					X
DRIVING: Special events.		X			
OPERATING EQUIPMENT: Computer, telephone, copier, printer, fax machine, calculator.					X
WORKING INDOORS: Enclosed office environment.					X
WORKING OUTDOORS: Special events.		X			
WORKING IN CONFINED SPACE: File, supply, storage rooms, etc.		X			

I have read and understand the duties listed on this Duty Statement and I can perform these duties with or without reasonable accommodation.

Employee signature _____ Date _____

Supervisor signature _____ Date _____

Human Resources signature _____ Date _____