



SNOQUALMIE VALLEY

SCHOOL DISTRICT

STATEMENT OF AUTHORITY

Attachment B (Form PC-02)

Employee Name: _____ Position Title: _____

P-Card Number (Last Four Digits): _____ Date: _____

Monthly Limit \$ _____ Daily Limit \$ _____ Transaction Limit \$ _____

Cash Advance NO

Use by Telephone _____ Yes, self-approval
_____ Yes, only with prior written approval by supervisor
_____ Not authorized

Use by Fax/Mail _____ Yes, self-approval
_____ Yes, only with prior written approval by supervisor
_____ Not authorized

Use by Internet _____ Yes, self-approval
_____ Yes, only with prior written approval by supervisor
_____ Not authorized

In person _____ Yes, self-approval
_____ Yes, only with prior written approval by supervisor
_____ Not authorized

Merchant Limits _____ As set forth by Board Policy and Administrative Regulations
_____ Authorized and Approved Vendors Only as approved by direct supervisor
_____ Authorized and Approved Vendors Only as approved by Purchasing Supervisor

I understand that itemized original receipts for all purchases are required and must be approved monthly by direct supervisor. The employee is responsible for retaining all packing slips and warranty information.

I understand that the approved monthly statement, with original receipts, is due to Accounts Payable in accordance with Board meeting Accounts Payable cut-off schedule.

Employee Date

Direct Supervisor Date

Purchasing Supervisor Date

Return this application to:
District Business Office
8001 Silva Ave SE, PO Box 400
Snoqualmie, WA 98065

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