



STATEMENT OF AUTHORITY

Employee Name: _____

Position Title: _____

Last 4 Digits on Travel Card: _____

Date: _____

Credit Limit **\$5,000**

Daily Limit **\$1,500**

Transaction Limit **\$1,500**

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 by my direct supervisor. The employee is responsible for retaining all packing slips and warranty information.

I understand that the approved Travel Documentation Form, 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