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

SAMPLE