



# Snoqualmie Valley

## School District #410

8001 Silva Avenue S.E., P.O. Box 400, Snoqualmie, WA 98065  
Phone (425) 831-8000 ♦ Fax (425) 831-8040 ♦ www.svds410.org

### Statement of Authority

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