



PURCHASING APPROVAL/ SIGNATURE AUTHORITY REQUEST

PART 1 - Completed by Employee

Last name, first name

Title/position

Requested purchase limit: \$ _____

Permanent request

Temporary request

Start date

- _____
End date

By signing, I acknowledge that if the request is approved, I accept approval/signature authority for purchases and will comply with RCW 39.26.

Signature

Initials for verification

Date

PART 2 - Completed by Appointing Authority

Last name, first name

Signature

Date

Title/position

Approved purchase amount, if different than requested

If approved, forward to: Disbursements and Purchasing Manager or
 Chief Financial Officer if the request is \$50,000 or higher

PART 3 - Completed by Comptroller, if applicable

Last name, first name

Signature

Date

If approved, forward to Disbursements and Purchasing Manager

PART 4 - Documentation by Business Services

Scanned to shared drive

Database update completed

Last name, first name

Title/position

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Disbursements and Purchasing Manager **COPY** - Appointing Authority, Employee