

SAYDEL COMMUNITY SCHOOL DISTRICT

STATEMENT OF AUTHORITY

Name _____

Position _____

Location _____

Limit per transaction of \$ _____

Credit/charge limit of \$ _____ per month/year (circle appropriate period)

Accounts to be charged:

Authorized vendors:

Goods and services authorized to be purchased using the District Procurement Card:

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Approved: September 2016

Reviewed: January 2018

Revised: