Department of Corrections
WASHINGTON STATE

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 <u>if the request is $50,000 or higher</u>**

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 Financial Services

☐ Scanned to shared drive ☐ Database update completed

Last name, first name _____ Title/position _____

Signature _____ Date _____

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