



Credit Card Purchase Authorization Form

Notes: Submit completed form with all signatures to accountsreceivable@shoreline.edu.
Purchase cards are checked in/out at the Cashier Office (AR) in Building 5000.

Requestor Name: _____ Date: _____

Department Name: _____ Credit Card #: _____

ctcLink Budget Code:								
	Fund	Approp	Class	Program	Account	Dept	Project	Activity

Please enter a complete ctcLink budget code. Please include Project & Activity for Grants or Capital Projects.

Supplier Name: _____ Max Purchase Limit: _____

Brief description of items to be purchased:

Budget Manager Signature (all purchases):

Print Name _____
Date

Signature

Vice President of Business/Admin Services Signature (purchases > \$750.00):

Print Name _____
Date

Signature

Department Vice President Signature (purchases > \$3000.00):

Print Name _____
Date

Signature