	Credit Card Pu	urchase Authorization Form
Requestor Name:		Date:
Department Name:		Credit Card #:
ctcLink Budget Code:		
-		
Vendor Name:		Purchase Limit (Maximum):
Brief Description of Ite	ems to be Purchased:	For purchases up to \$750, <b>Department Budget Manager</b> must sig For purchases above \$750, the <b>Director of Financial Services</b> must also sig
Department Budge	et Manager Authorizatio	<b>n</b> .
Bepartment Budge	er manager Authonizatio	
	Print Name	Date
	Signature	
	Director Authorization (	
<b>Financial Services</b>	Director Authorization (	(if applicable):*
Financial Services		(if applicable):*
Financial Services	Print Name	(if applicable):* Date
Financial Services	Print Name	
	Print Name Signature	Date
	Print Name	Date
	Print Name Signature President Authorization (	Date (if applicable):
	Print Name Signature	Date
	Print Name Signature President Authorization (	Date (if applicable):
Department Vice P	Print Name Signature President Authorization ( Print Name	Date (if applicable):
Department Vice P	Print Name Signature President Authorization ( Print Name Signature	(if applicable): Date Date Date
Department Vice P NOTES: 1) Please sub accountsree	Print Name Signature President Authorization ( Print Name Signature Signature mit this completed form, includ	(if applicable): Date Date Date Date
Department Vice P NOTES: 1) Please sub accountsre 2) The Director	Print Name         Signature         President Authorization (         Print Name         Signature         Signature         mit this completed form, includ         sceivable@shoreline.edu         or of Financial Services must rev	(if applicable): Date Date Date Date
Department Vice P NOTES: 1) Please sub accountsre 2) The Directo 3) The Depart	Print Name         Signature         President Authorization (         Print Name         Signature         Signature         mit this completed form, include         sceivable@shoreline.edu.         or of Financial Services must revie         treestident Must revie	Image: Contract of the second seco
Department Vice P NOTES: 1) Please sub accountsre 2) The Directo 3) The Depart 4) This form i	Print Name         Signature         President Authorization (         Print Name         Signature         mit this completed form, includ         sceivable@shoreline.edu.         or of Financial Services must revitment Vice President must revie         is used for monthly reconciliati	Date         (if applicable):         Date         ding mandatory signature from Department Budget Manager, to         view and add signature approval for all purchases above \$750.00.         ew and add signature approval for all purchases above \$3,000.00.         ion of all credit card purchases made by the college.
Department Vice P NOTES: 1) Please sub accountsre 2) The Directo 3) The Depart 4) This form i	Print Name         Signature         President Authorization (         Print Name         Signature         mit this completed form, includ         sceivable@shoreline.edu.         or of Financial Services must revitment Vice President must revie         is used for monthly reconciliati	Image: Contract of the second seco
Department Vice P NOTES: 1) Please sub accountsre 2) The Directo 3) The Depart 4) This form i	Print Name         Signature         President Authorization (         Print Name         Signature         mit this completed form, includ         sceivable@shoreline.edu.         or of Financial Services must revitment Vice President must revie         is used for monthly reconciliati	Date         (if applicable):         Date         ding mandatory signature from Department Budget Manager, to         view and add signature approval for all purchases above \$750.00.         ew and add signature approval for all purchases above \$3,000.00.         ion of all credit card purchases made by the college.