



BusinessPlus/Print Shop Secondary Request Approval Authorization

INSTRUCTIONS

Complete this form and send via courier or scan and e-mail to the Purchasing Department at 109, Purch_Dept@puyallup.k12.wa.us.

School/Department Location: _____

I authorize the following person(s) to approve purchase requests and print shop order requests on my behalf:

_____ <i>Secondary Approver Name #1</i> BusinessPlus Print Shop	_____ Job Title Both
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_____ <i>Secondary Approver Name #2 (if applicable)</i> BusinessPlus Print Shop	_____ Job Title Both
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_____ <i>Secondary Approver Name #3 (if applicable)</i> BusinessPlus Print Shop	_____ Job Title Both
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Effective dates of authorization: From _____ To _____
(necessary only if authorization is for a temporary period of time)

AUTHORIZATION

_____ Administrator Name	_____ Administrator Signature	_____ Date
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BUSINESS OFFICE USE ONLY

Workflow Group _____

Date updated _____