

## Departmental Signature Authorization Form

Department ID: \_\_\_\_\_  
(7 digit department id only)

Department Name: \_\_\_\_\_

The following individuals are authorized to sign and approve expenditures as indicated below. Check all that apply.

<p>_____</p> <p>Print Name</p> <p>_____</p> <p>Signature</p>	<p>Signature is restricted to the following documents:</p> <p>_____ Purchase and Pay Requests</p> <p>_____ Petty Cash Reimbursement</p> <p>_____ Consultant Forms</p> <p>_____ Purchasing Card Documents</p> <p>_____ Budget Amendments</p> <p>_____ Personnel Action Requests</p> <p>_____ All Documents</p>
<p>_____</p> <p>Print Name</p> <p>_____</p> <p>Signature</p>	<p>Signature is restricted to the following documents:</p> <p>_____ Purchase and Pay Requests</p> <p>_____ Petty Cash Reimbursement</p> <p>_____ Consultant Forms</p> <p>_____ Purchasing Card Documents</p> <p>_____ Budget Amendments</p> <p>_____ Personnel Action Requests</p> <p>_____ All Documents</p>
<p>_____</p> <p>Print Name</p> <p>_____</p> <p>Signature</p>	<p>Signature is restricted to the following documents:</p> <p>_____ Purchase and Pay Requests</p> <p>_____ Petty Cash Reimbursement</p> <p>_____ Consultant Forms</p> <p>_____ Purchasing Card Documents</p> <p>_____ Budget Amendments</p> <p>_____ Personnel Action Requests</p> <p>_____ All Documents</p>
<p>The following individuals are no longer authorized to sign for this department:</p>	

\_\_\_\_\_

\_\_\_\_\_

Department Head Signature

\_\_\_\_\_

\_\_\_\_\_

Date