



Signature Authority Form

Before check requests signed by employees other than assigned budget managers can be processed, a record of the signatures of those authorized to approve such business transactions must be provided to Accounts Payable.

Please fill out the following form to designate signature authority within your department. **A separate form must be submitted for each employee you are designating as having signature authority for your department.** This delegation will be continue for the period noted below or until a request to change or cancel this authority is provided in writing to Accounts Payable, by the requesting Budget Manager or Department.

This is to certify that _____ (please print) has signature authority for check requests up to the amount of \$_____ for _____ (cost center(s)). This signature authority shall be effective beginning _____ and will end on July 31, 2017.

Specify any accounts the above individual does **not have authorization** for:

NOTE: Form will be distributed to all departments annually for updating

Signature of Employee named above *Title* *Date*

Signature of Requesting SVP/Dean/Director *Title* *Date*

Please return completed forms to the Accounting Department, 119 Carver Hall

Internal Use Only

Accounts Payable Department

Reviewed by: _____

Date: _____

Approved by: _____

Date: _____