



# Signature Authority Form

Before check requests signed by employee's 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 the Accounts Payable Department.

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 continued for the period noted below or until a request to change or cancel this authority is provided in writing to the Accounts Payable Department, 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, 2018.

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 Accounts Payable Department, 119 Carver Hall***

## Internal Use Only

### Accounts Payable Department

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_