



This authorizes individuals to initiate financial transactions as authorized below. Changes to administrators or staff listed as authorized signatures will require the submission of a new form, and will replace all existing forms.

DEPARTMENT INFORMATION

Department/College Name: _____ Campus Zip: _____

Dept ID(s) *(List all Dept IDs for your area. Attach additional sheets if necessary):*

DIRECT PAY REQUESTS/INVOICES/PETTY CASH REIMBURSEMENTS

The following individuals may approve invoices for payment (receipt of goods or services) AND Direct Pay Request forms (memberships, subscriptions). Individual reimbursements must be approved by a higher authority than the payee.

_____	_____	_____
Type or Print Name	Working Title	Signature
_____	_____	_____
Type or Print Name	Working Title	Signature
_____	_____	_____
Type or Print Name	Working Title	Signature
_____	_____	_____
Type or Print Name	Working Title	Signature
_____	_____	_____
Type or Print Name	Working Title	Signature
_____	_____	_____
Type or Print Name	Working Title	Signature
_____	_____	_____
Type or Print Name	Working Title	Signature

I certify that the above signatures are those of the persons indicated and are authorized to approve the above transactions.

Dean/Dept. Chair/Administrator: _____
(must be a higher authority of all individuals listed above) SIGNATURE PRINT NAME DATE