

Department Authorized Signers

Department Name

The following individuals have been designated as individuals authorized to approve invoices and other requests for payment for the department or organizations listed below:

<u>Name (Print)</u>	<u>\$ Limit</u>	<u>Signature as it will appear on requests for payment</u>
_____ Authorized Signer #1	\$	_____
_____ Authorized Signer #2	\$	_____
_____ Authorized Signer #3	\$	_____
_____ Authorized Signer #4	\$	_____

Department Head Approval:

Name (Print)

Signature

Date

The above authorization covers the following fund or organization number: (Use reverse for additional lines, or attach separate list.)

Name of Fund or Org

Fund or Org Number

Please return this form (with any attachments) to the Controller's Office, College Hall Room 204.