Departmental Signator Authorization

DATE: _____

TO: Controller's Office
Voucher Audit
220 Anderson Hall

This form certifies that as of _____, _____, _____, the
(Month) (Day) (Year)
department(s) of _____
recognize the following as approved signators for all departmental payments. Attach a continuation page listing departments, if additional space is needed.

Signature	Printed Name	Position Title
Signature	Printed Name	Position Title
Signature	Printed Name	Position Title
Signature	Printed Name	Position Title
Signature	Printed Name	Position Title

_____ _____
Signature of Department Head or Dean Printed Name Department Head or Dean