

Departmental Signator Authorization for Payments

DATE: _____

TO: Division of Financial Services
General Accounting
2323 Anderson Ave., Ste. 500

This form certifies that as of _____, _____, _____, the Department/
(Month) (Day) (Year)

College of _____ Org #(s) _____ recognize the following
as approved signators for all departmental payments. Attach a continuation page listing
departments, if additional space is needed. A new form should be completed each time there is a
change Dean or Department Head or when those have signature authority change.

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