**Purchasing Signature Authority**

Div. of Financial Services / Purchasing Office

2323 Anderson Ave., Suite 500

Kansas State University

Manhattan, KS 66502

kspurch@k-state.edu

785-532-6214

* New Form
* Add to Existing Authorities
* Replace all Existing Authorities

Department Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form certifies that as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), this department recognizes the following individuals as approved signatures for purchasing documents, including requisitions, prior authorization requests, purchase orders, agreements, and contracts as allowed by State of Kansas and Kansas State University policies and procedures.

If signing for department head as a proxy, sign/stamp department head’s name and initial next to it. Print proxy’s name as “Printed Name”.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Printed Name Position / Title

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Signature of Dept Head or Dean Printed Name of Dept Head or Dean

By signing this form I agree that I will attach the State of Kansas Contractual Provisions attachment (form DA-146a) listing State and University terms and conditions to contracts under my authority and will forward the set of forms to the K-State’s General Counsel for review prior to contract approval.

*(rev. Nov. 2016)*