

Signature Authorization Form

ChartField: Fund _____ Dept _____ Program _____ Project _____ Chartfield String Name: _____

Personnel whose name & signature appear on this form are authorized to approve processing, for items indicated on this Chartfield String only, by checking off the appropriate Document Code check boxes. If any Designated Signatories (or Responsible Person) signatures are missing their information will be excluded from entry.

Responsible Person: _____ Employee ID # _____ Title: _____ Signature: _____

Contact Phone Number: _____ Contact Email: _____

Document Codes							
1	2	3	4	5	6	1	3
Level 1						Level 2	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Designated Signatories:

Name:	Employee ID #	Title:	Signature:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Level 1: Designated Signatories for the checked off Document Codes; If Document Codes 1 (**College Requisition/LVPO**) and/or 3 (**Travel Authorization Request**) are checked off it also means that the Signatory will serve as an Approver.

Level 2: ChartField Strings can be assigned an optional Level 2 Approver(s) which adds another level of approval authority for electronic work flow routings. If a Level 2 is selected a backup signatory should be assigned to cover when the primary Level 2 Approver is absent i.e. sick/vacation etc.

Document Codes:			
1. (Col Req)	College Requisition/LVPO	4. (Trav Vchr)	Travel Expense Voucher - TEV
2. (Inv Vchr)	Invoice Voucher/Payment Order	5. (Rec Rpt)	Receiving Report
3. (Trav Req)	Travel Authorization Request - TAR	6. (Pyl Biwkly)	Payroll Authorization - Biweekly Time

Budget Office/Grants & Accounting only: Entered by: _____ Date: _____