

PSU Signature Authorization

(Please send completed form to the Campus Accounting Services Office, RMNC 260 and retain a copy on file in department. This form replaces any existing forms on file for this individual. To remove authorization, please complete section 4 below.)

By signing this form, I attest I have read the [policies and procedures](#) associated with the authority being delegated to me and I further understand that I have the authority to deny a request for authorization.

_____ Employee Name (Print)	_____ Employee Title	_____ Department Name
_____ Employee Signature	_____ Employee Phone	_____ College/Administrative Unit
_____ Employee PSU ID#	_____ Employee E-mail	

The above employee has authority to (please complete Sections 1-3):

1. Authorize expenditures as specified below (select one and complete):

- All Funds/Indexes under Organization _____
- Only from the following Fund(s) _____
- Only from the following Index(s) _____

2. Authorize transactions as specified below (select all that apply):

- Personal Reimbursements Travel Authorizations Airfare Approval
- Wire Transfer Requests Travel Advance Requests
- Operating Advance Requests Travel Reimbursements

3. Authorization Effective Date/Time Period (select one and complete):

- Effective Date _____ (Authorization will remain in effect until CAS is notified to remove)
- Effective Time Period: Begin Date _____ End Date _____

4. Remove Authorization:

The employee below is no longer authorized to sign for the department specified.

Employee Name & Title (Print) Department

I am aware that this constitutes a delegation of authority to sign on my behalf but does not release me from full responsibility.

Dean/Director Signature Date

Dean/Director Name (Print) Title