

Department name \_\_\_\_\_

Date \_\_\_\_\_

Organization code # \_\_\_\_\_

## Department Authorized Signatures

Departments are required by OUS policy to provide adequate documentation for reimbursements. Personal and Travel Reimbursement Request forms require an authorized department approval signature prior to processing. By signing the Personal or Travel Reimbursement Request form, the approver attests that the payment is (a) within his or her delegated approval authority (b) in accordance with OUS/PSU policies and procedures (c) an appropriate charge to the index(s) designated, and (d) within the budget for that index(s). When approving Personal or Travel Reimbursement Requests please remember:

- Reimbursement requests must be approved by the claimant's supervisor, Dean, Department Head, Departmental Budget Approver or their designee.
- Employees may not approve a Reimbursement Request for themselves or their superiors.
- The claimant's original signature is required on the request form. No rubber stamps or electronic signatures.

Please list the names of all authorized signers for your department. We will keep this form in a signature file for verification. This form must be re-completed each time someone is added to or removed from the signature list. Questions regarding authorized signatures and payments may be directed to: Specialized Acct'g Services 503-725-8950

### Signatures

Name \_\_\_\_\_ Signature \_\_\_\_\_  
(print)

Title \_\_\_\_\_

-----  
Name \_\_\_\_\_ Signature \_\_\_\_\_  
(print)

Title \_\_\_\_\_

-----  
Name \_\_\_\_\_ Signature \_\_\_\_\_  
(print)

Title \_\_\_\_\_

---

### Approved by

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Title DEAN / DIRECTOR