SIGNATURE AUTHORIZATION FOR A UNIVERSITY FOAPAL (CONTINUED)

FOAPAL NAME _____ FUND _____ ORG/INDEX _____

FINANCIAL MANAGER _____ DEPARTMENT _____

Please check all that apply to each person

		Delegated Signature	Invoice Approver	Create On-line Document	Sign Payroll Documents	Order Supplies OfficeMax	Prepare On-line UPS Labels	P-Card
Print Name	Signature							
Banner User ID	Phone							
Print Name	Signature							
Banner User ID	Phone							
Print Name	Signature							
Banner User ID	Phone							
Print Name	Signature							
Banner User ID	Phone							
Print Name	Signature							
Banner User ID	Phone							
Print Name	Signature							
Banner User ID	Phone							
Print Name	Signature							
Banner User ID	Phone							

Financial Manager Signature _____ **Date** _____

If delegated signatures are assigned, the immediate supervisor, Dean or Vice President of the FINANCIAL MANAGER must sign below to authorize.

Signature _____ **Title** _____ **Date** _____

Clear **Print**