

SIGNATURE AUTHORIZATION FOR A UNIVERSITY FOAPAL (CONTINUED)

FOAPAL NAME _____ FUND _____ ORG/INDEX _____

FINANCIAL MANAGER _____ DEPARTMENT _____

Please check all that apply to each person

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