DATE:

TO: Budget Administration & Operations

FROM:
Department Name

SUBJECT: Authorized Signatures for General Fund Budget Transactions FY 20__-__

The following individuals are designated to authorize budget transactions on the Budget Transfer Request form, and to submit the Budget Transfer Request form to the Budget Administration & Operations Office via e-mail.

Primary Designee (Administrator)

_____/_____
Name (Printed) E-Mail Address

_____
Title

_____
Signature

_____
Campus Mailing Address

_____
Campus Location Extension

Dept. ID(s)

Alternate Designee

_____/_____
Name (Printed) E-Mail Address

_____
Title

_____
Signature

_____
Campus Mailing Address

_____
Campus Location Extension

Dept. ID(s)

FY 20__-__

Alternate Designee

_____/_____
Name (Printed) E-Mail Address

_____
Title

_____
Signature

_____
Campus Mailing Address

_____
Campus Location Extension

Dept. ID(s)

Alternate Designee

_____/_____
Name (Printed) E-Mail Address

_____
Title

_____
Signature

_____
Campus Mailing Address

_____
Campus Location Extension

Dept. ID(s)

Alternate Designee

_____/_____
Name (Printed) E-Mail Address

_____
Title

_____
Signature

_____
Campus Mailing Address

_____
Campus Location Extension

Dept. ID(s)