EFFECTIVE
DATE: _____

TO: Budget Administration & Operations

FROM: _____
Department Name

SUBJECT: Authorized Signatures for General Fund Budget Transactions

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As of the Effective Date above, 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. The Primary Designee below must have Delegation of Authority listed with Accounts Payable.

Primary Designee (Administrator/MPP with Delegated Authority)

_____/_____
Name (Printed) E-Mail Address

_____
Title

_____
Signature

_____
Campus Mailing Address

_____
Campus Location Extension

Dept. ID(s)

Alternate Designee (MPP)

_____/_____
Name (Printed) E-Mail Address

_____
Title

_____
Signature

_____
Campus Mailing Address

_____
Campus Location Extension

Dept. ID(s)

Authorized Signatures for General Fund Budget Transactions

Alternate Designee (MPP)

_____/_____
Name (Printed) E-Mail Address

_____
Title

_____
Signature

_____
Campus Mailing Address

_____
Campus Location Extension

Dept. ID(s)

Alternate Designee (MPP)

_____/_____
Name (Printed) E-Mail Address

_____
Title

_____
Signature

_____
Campus Mailing Address

_____
Campus Location Extension

Dept. ID(s)

Alternate Designee (MPP)

_____/_____
Name (Printed) E-Mail Address

_____
Title

_____
Signature

_____
Campus Mailing Address

_____
Campus Location Extension

Dept. ID(s)