

## **AUTHORIZED SIGNATURES**

Date: \_\_\_\_\_

Department Name: \_\_\_\_\_ Department Number: \_\_\_\_\_

## Department Head's Signature

Printed Name

As of the date above, the only person(s) authorized to pick up payroll, sign timecards, and/or sign claims/budget transfers/journal entries (all or nothing, claims, JE's budget transfers are considered a single authorization) are as follows:

**PR P/U** –authorized to pickup entire department's payroll

**T Sign**-authorized to sign entire department's timecards

**Claim** –authorized to sign all departmental claims, journal entries, budget transfers

**Employee Printed Name and Signature**

(check which apply)

**PR P/U      T Sign      Claims**

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(This completed form supersedes previously submitted form, all previously submitted forms become void and null)