

PSU Signature Authorization

(Please send completed form to the Specialized Accounting Office, Neuberger Hall 12A and retain a copy on file in department. This form replaces any existing forms on file for this individual. To remove authorization, please complete section 4 below.)

By signing this form, I attest I have read the policies and procedures associated with the authority being delegated to me and I further understand that I have the authority to deny a request for authorization.

Employee Name (Print)	Employee Title	Department Name
Employee Signature	Employee Phone	College/Administrative Unit
Employee PSU ID#	Employee E-mail	

The above employee has authority to (please complete Sections 1-3):

1. Authorize expenditures as specified below (select one and complete):

- All Funds/Indexes under Organization _____
- Only from the following Fund(s) _____
- Only from the following Index(s) _____

2. Authorize transactions as specified below (select all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Personal Reimbursements | <input type="checkbox"/> Travel Authorizations | <input type="checkbox"/> Airfare Approval |
| <input type="checkbox"/> Wire Transfer Requests | <input type="checkbox"/> Travel Advance Requests | <input type="checkbox"/> Budget Contract Review |
| <input type="checkbox"/> Operating Advance Requests | <input type="checkbox"/> Travel Reimbursements | |

3. Authorization Effective Date/Time Period (select one and complete):

- Effective Date _____ (Authorization will remain in effect until SAS is notified to remove)
- Effective Time Period: Begin Date _____ End Date _____

4. Remove Authorization:

The employee below is no longer authorized to sign for the department specified.

Employee Name & Title (Print)	Department
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I am aware that this constitutes a delegation of authority to sign on my behalf but does not release me from full responsibility.

Dean/Director Signature	Date
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Dean/Director Name (Print)	Title
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