



Enter Information Directly on Form

SIGNATURE AUTHORIZATION FORM

DEPARTMENT: _____ EXTENSION: _____

DIVISION: _____ MAIL CODE: _____

This form is NEW REVISED REPLACEMENT

PLEASE READ **CAREFULLY** and FILL IN FORM **COMPLETELY** and **LEGIBLY**.

Please click on only those items for which the employees should have authority to sign.

Assignment Authorizations

Budget Modifications

Contract Information Sheets

Payment Invoices

Purchase Requisitions

Remittance Forms

Service Center Work Orders

Time & Effort Reports

Time Reports

Transfer Vouchers

Travel Authorizations

Warehouse/Office Supply Requests

ALL OF THE ABOVE

Grant Proposal Routing Sheet

One Research Grant --- Number _____

FRS # _____ Exp. Date: _____

ALL RESEARCH GRANTS

FOR: _____

NAME OF EMPLOYEE: _____

→ _____
LINE FOR EMPLOYEE'S **PRINTED NAME**

→ _____
LINE FOR EMPLOYEE'S **PRINTED TITLE**

→ _____
BOX FOR EMPLOYEE'S **SIGNATURE**

DEPARTMENTAL APPROVAL

AUTHORIZING OFFICIAL:

→ _____
LINE FOR OFFICIAL'S **PRINTED NAME**

→ _____
LINE FOR OFFICIAL'S **PRINTED TITLE**

→ _____
BOX FOR OFFICIAL'S **SIGNATURE**

DATE OF SIGNATURE

DO NOT WRITE BELOW THIS LINE.

APPROVED BY:

Jeffrey P. Geoghegan
Assistant Vice President, Finance

DATE OF SIGNATURE

SEND COMPLETED REQUEST TO: Jeffrey P. Geoghegan MC 5330

FRS MANAGER'S ACKNOWLEDGEMENT: _____ DATE: _____

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