

# Kuali Financial System Documentation



## Application Forms – Authorized Business Function Approvals Only

Filling out the Authorized Business Function Approvals Only Application

1/24/2023



### BUSINESS AND FINANCIAL SERVICES Authorized Business Function Approvals Only

Upon completion of the form, with electronic signatures, email to [bfs\\_kfs\\_operations@mail.colostate.edu](mailto:bfs_kfs_operations@mail.colostate.edu) or send to Business & Financial Services, 6003 Campus Delivery.

1. Name: \_\_\_\_\_ eid: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Home Dept Name: \_\_\_\_\_ Home Dept #: \_\_\_\_\_  
Campus Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name & Phone # of Person Completing Form: \_\_\_\_\_

2. Department numbers for which Authorized Business Function is requested

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **AUTHORIZATIONS**

I, \_\_\_\_\_, request Authorized Business Function signature authority. I have read [Financial Policy and Procedure Instruction 2-1 "Expenses for Authorized Business Functions"](#). I understand those policies and procedures, and I agree to comply with them. I agree that all approved expenditures will be for official University business purposes only, are reasonable and that the activity is appropriate to the account being charged. I understand that in the event of willful or negligent default of this privilege, the University shall take any recovery action deemed appropriate, that is permitted by law.

\_\_\_\_\_  
Signature of Applicant Date

I request that the above-named individual, an employee of Colorado State University be granted Authorized Business Function authority. I agree to provide appropriate oversight and monitoring of this individual's fiscal activities.

\_\_\_\_\_  
Type or print name of Director or Dept. Head Signature of Director or Dept. Head Date

I grant the above-named applicant authority to approve expenditures.

\_\_\_\_\_  
Type or Print Name of Dean or Vice President Dean or Vice President's Signature Date

4. Additional Approval: If applicant's position is below the Assistant or Associate VP, Assistant or Associate Dean, Executive Director, the Chief of Staff's signature is required.

\_\_\_\_\_  
Chief of Staff, President's Office Date

For Business and Financial Services Use Only

Approved By: \_\_\_\_\_  
Entered into Database by \_\_\_\_\_ Date \_\_\_\_\_ Executive Director, Business & Financial Services Date \_\_\_\_\_

Sections:

1. Fill out all boxes completely for the user.
2. List out the Department Number(s) being requested for Authorized Business Functions.
3. The user must Read and Agree to the conditions outlined in this section. The user must sign and date this application. Once this is done, the user's Director or Department head MUST sign this form followed by the Dean or VP's signature that is also required.
  - a. If any of these signatures are missing, the application will be rejected and sent back.
4. **CRITICAL NOTE!** If the user is below an Assistant or Associate VP, Assistant or Associate Dean, or Executive Director, then this section MUST be signed by the Chief of Staff.
  - a. If this signature is missing, the application will be rejected and sent back.

This form can be downloaded from [here](#)