

## Application Forms – Signature Authorization

### Filling out the Signature Authorization Form

1/24/2023



#### BUSINESS AND FINANCIAL SERVICES Signature Authorization Application

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.

Please type or print.

1.

Name:	<input type="text"/>	eid:	<input type="text"/>
Dept. Name:	<input type="text"/>	Home Dept. # :	<input type="text"/>
Campus Address:	<input type="text"/>	Phone # :	<input type="text"/>
Job Title:	<input type="text"/>		
Name & Phone # of Person Completing Form:	<input type="text"/>		

2.

Signature Authorization
Department number(s):
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

3.

AUTHORIZATIONS		
I, <input type="text"/> , request signature authorization authority and agree to comply with all policies and procedures regarding the expenditure of University funds. 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.		
<input type="text"/>	_____	
Signature of Applicant	Date	
I request that the above-named individual, an employee of Colorado State University, be granted signature authority. I agree to provide appropriate oversight and monitoring of this individual's fiscal activities.		
<input type="text"/>	_____	_____
Type or print name of Dean, Director or Dept. Head	Signature of Dean, Director or Dept. Head	Date

For Business and Financial Services Use Only			
_____	_____	_____	_____
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 Signature Authorization.
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 Dean, Director or Department head MUST sign this form.
  - a. If any of these signatures are missing, the application will be rejected and sent back.

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