



**BUSINESS AND FINANCIAL SERVICES
Signature Authorization Application**

Complete all sections, obtain necessary signatures, and forward to Financial System Services, 6003 Campus Delivery.

Please type or print.

Name: _____ eid: _____

Dept. Name: _____ Home Dept. #: _____

Campus Address: _____ Phone #: _____

Job Title: _____

Name & Phone # of Person Completing Form: _____

Signature Authorization
Department number(s):

AUTHORIZATIONS		
I, _____, 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.		
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>		_____
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.		
_____	_____	_____
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