**SIGNATURE AUTHORIZATION FORM**

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| **Name of the Division:**  | **Division Head:**  |
| **Name of the College or the AVP Area:**  | **Name of the Dean or AVP:**  |
| **Name of the Department:**  | **Name of the Director or Department Head:**  |
| **Fiscal Contact Name for DeptID:**  | **Fiscal Contact Phone:**  | **Fiscal Contact MSC:**  |
| **DeptID:**  | **P. I. of DeptID:** **(FOR GRANTS ONLY)** |
| **DeptID Name:**  | **Travel Approver:** |
| **Note: When adding or changing an authorization area for a signer, be sure to check ALL areas of authorization that will apply for that signer for this DeptID once this form is processed. The new line of information will supersede all previously submitted information for that signer for this DeptID.** | **Travel Reviewer:****(FOR ACADEMIC AFFAIRS USE ONLY)** |
| ***Authorization Areas*** ***(choose all areas that are authorized for each signer)*** |
| ACTION**(Choose One)** | **Names of****Authorized Signers****(Typed)** | **PeopleSoft Employee****ID** | **DeptID**  | **Time Sheets**  | **Expenditures** | **PAR/****Personnel** |  **Budget** |
|  |       |       |  |     | [ ]  | [ ]  | [ ]  |
|   |        |       |  |   | [ ]  | [ ]  | [ ]   |
|  |       |       |  |  | [ ]  | [ ]  | [ ]  |
|  |       |       |  |   | [ ]  | [ ]  | [ ]  |
|  |       |       |  |    | [ ]  | [ ]  | [ ]  |

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| The persons listed above are authorized to sign financial transaction documents for the referenced DeptID operating budget. The appropriate authorization blocks have been indicated: Time Sheets, Expenditures, PAR/Personnel, and/or Budget.  |
| **Approving Authority Name (typed):** **Approving Authority Title:** **Effective Date:**  | **Signature:**  |

 **Person Completing Form:       Phone:       Email:**

Revised 7/1/2024 ***Forward completed form to: Pam Crowe, Finance Office, MSC 5719,*** ***crowepm@jmu.edu***