

Controller's Office
George Eastman Building
475-2383 (Voice & TTY)
475-5583 (FAX)

Authorized Signature Form for Accounts Payable Transactions

The Controller's Office maintains information to verify that the appropriate departmental budget authority, or designee, for each department has approved payment requests processed by Accounts Payable.

Individuals who approve departmental expenditures are verifying that the transaction is an appropriate use of Institute funds, that it meets all policy guidelines, and that it is supported by adequate documentation. We appreciate your assistance in this effort to fulfill our joint responsibilities for closely scrutinizing Institute expenditures before they are processed for payment.

Please complete the reverse side of this form as follows:

1. Indicate the names of individuals in your department(s) who are authorized to approve selected Institute business expenditures including Invoice Payment Forms, Petty Cash Vouchers and Travel Expense Reports.
2. Provide the department name and the 5-digit department number that this approval applies to.
3. Indicate approval dollar limits, if applicable.
4. The department head (budget authority) must sign the form.

Please note: a cash transaction (e.g. employee reimbursement) cannot be payable to, and approved by, the same person even if the individual is the department head or budget authority. One level of management above the individual is required to approve the transaction. The Provost or President must approve payments payable to a vice president or dean.

Return the completed form to the Controller's Office, GEM, 6025. If you have questions about how to complete the form, please call Christa Abugasea, Assoc Dir Payroll, AP, & Customer Support at extension 5-2418 (e-mail ceapay@rit.edu).

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Indicate individuals authorized to approve accounts payable transactions for the department(s) shown below:

Department Name: _____

Employee Name	Department Number
Employee Signature	Date Amount (if applicable)

Employee Name	Department Number
Employee Signature	Date Amount (if applicable)

Employee Name	Department Number
Employee Signature	Date Amount (if applicable)

Employee Name	Department Number
Employee Signature	Date Amount (if applicable)

Department Head or Budget Authority Approval:

Department Head's Name	Date
Department Head's Signature	RIT Extension