

R·I·T

Signature Authorization Form for Accounts Payable Transactions

Please complete the form below in order to identify persons authorized to sign for accounts payable documents. Completed ORIGINAL forms (no copies, faxes, etc.) should be returned to the Controller's Office.

Department Name	Date
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Employee Name	Department Number(s) _____ - _____
Employee Signature/Date	Amount (if applicable) \$

Employee Name	Department Number(s) _____ - _____
Employee Signature	Amount (if applicable) \$

Employee Name	Department Number(s) _____ - _____
Employee Signature	Amount (if applicable) \$

Employee Name	Department Number(s) _____ - _____
Employee Signature	Amount (if applicable) \$

Department Head or Budget Authority Approval (You can not approve this if you are one of the individuals listed above):

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

Please note that failure to report changes in personnel related to this form or to maintain a completed and accurate form on file with Accounts Payable department will result in documents being returned unprocessed.