



ROCHESTER INSTITUTE OF TECHNOLOGY DUAL REPORTING EXCEPTION REQUEST

ASSIGN DEPARTMENTAL APPROVAL:

<u>From</u>		
<u>To</u>		
	Printed Employee Names	'Dept From' - 'Dept To' (or Dept# list separated by commas)

<u>From</u>		
<u>To</u>		
	Printed Employee Names	'Dept From' - 'Dept To' (or Dept# list separated by commas)

As a named 1st approver, you agree to abide by the [RIT Signatory Authority Policy](#). Your approval of this form will certify your authority on **ALL** listed departments/transactions in accordance with your approval limit amount (ALA).

Signatures:

Requestor Printed Name	Signature

Approver Printed Name (Department PI/Budget Head or Supervisor One level above 1 st approver or one with enough authority limit for the departments)	Signature

Associate Controller	Signature

PSO Senior Procurement Specialist	Signature

PSO Director of Operations	Signature

[Submit](#) completed form via email to oracleapprovals@rit.edu. If you have any questions, email oracleapprovals@rit.edu.