



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 (or a range of departments) 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).



Authorized Signature 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 Accounts Payable.

Department Name

Employee Name	<input type="text"/>	Department Number(s)	<input type="text"/>
Employee Signature	_____ Date _____	Amount (if applicable)	<input type="text"/>

Employee Name	<input type="text"/>	Department Number(s)	<input type="text"/>
Employee Signature	_____ Date _____		<input type="text"/>

Employee Name	<input type="text"/>	Department Number(s)	<input type="text"/>
Employee Signature	_____ Date _____		<input type="text"/>

Employee Name	<input type="text"/>	Department Number(s)	<input type="text"/>
Employee Signature	_____ Date _____		<input type="text"/>

Department Head or Budget Authority Approval

(You can not approve this if you are one of the individuals listed above):

Department Head's Name	<input type="text"/>	Phone ext.	<input type="text"/>
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Department Head's Signature	_____	Date	_____
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Please note that failure to maintain up-to-date forms with Accounts Payable may result in a delay of document processing. Return completed form to the Accounts Payable Department, George Eastman Hall, Room 1160.