Department Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date: \_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Department Number(s)** |  |

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| **PERSONS AUTHORIZED TO CERTIFY RECEIPT OF GOODS AND SERVICES.**  ***NOTE: Applies to Payment Requests & Cannot Be the Same Individuals as below***   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Typed Name** | **Ext.** | **CAMPUS ID** | **E-mail** | **Signature** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
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| **PERSONS AUTHORIZED TO ISSUE DEPARTMENT APPROVAL.**  ***Applies to Payment Requests, Expense/Misc. Reimbursements, Working Fund, Petty Cash.***   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Typed Name** | **Ext.** | **CAMPUS ID** | **E-mail** | **Signature** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

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| **\*\*\*NEW for FY 17\*\*\* PERSONS AUTHORIZED TO APPROVE E-TRAVEL ONLINE**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Typed Name** | **Ext.** | **General**  **OR**  **Foreign Travel**  (Cannot approve for both)  (Foreign approver must be Dean, Asst. Dean or Dept. Chair) | **CAMPUS ID** | **E-mail** | **Signature** | | Ex. James Dean | x55501 | General | KLO090 |  |  | | Ex. Sally Sunshine | X55502 | Foreign | OOLP90 |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |

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**Signature of Department VP or Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*The above users for all sections of this form are correct and are permitted act on behalf the department or Division in accordance with policies and procedures.*

**Please Note: If the Department VP or Chair is a General or Foreign approver, the next higher authority must approve this form.**