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***

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| **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.***

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| **Typed Name** | **Ext.** | **CAMPUS ID** | **E-mail** | **Signature** |
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|  **\*\*\*NEW for FY 17\*\*\* PERSONS AUTHORIZED TO APPROVE E-TRAVEL ONLINE**

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| **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.**