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

Person completing Form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature authorizing all Approvers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of person Authorizing Approvers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **PERSONS AUTHORIZED TO SUBMIT WORKING FUND and PETTY CASH**  ***NOTE: 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 Working Fund, Petty Cash, and Travel Reimbursements***   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Typed Name** | **Ext.** | **CAMPUS ID** | **E-mail** | **Signature** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |