



**Departmental Agency
Signature Authorization Form**

Fiscal Year _____

The following individuals are authorized to approve the disbursement of funds against the Departmental Agency Fund referenced below.

Printed Agency Fund Title	Fund #
Printed Name	_____
Signature/Date	_____
Phone #	_____
Email	_____
Printed Name	_____
Signature/Date	_____
Phone #	_____
Email	_____
Printed Name	_____
Signature/Date	_____
Phone #	_____
Email	_____
Printed Name	_____
Signature/Date	_____
Phone #	_____
Email	_____

Please complete and return to Accounting & Financial Reporting.