Please provide the names and signatures of all individuals who are authorized to sign. Place checkmarks next to the forms that they are authorized to sign. This signature authority applies ***only*** to the financial forms listed below.

* Signature Authority applies to purchases of $5,000 or less. All other payments must be approved by the Department manager listed in WISDM.

**Department or** Department or

**Division Name**: ­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*as listed in WISDM*)

**Authorized Signer #1:**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forms Authorized to Sign:

\_\_\_\_\_\_ Transaction Transfer Request (TTR) \_\_\_\_\_\_ Payment to Individual Report (PIR)

\_\_\_\_\_\_ Direct Payment Request (DPR) \_\_\_\_\_\_ Cash Advance Request

\_\_\_\_\_\_ Meal and Refreshment Requisition

**Authorized Signer #2:**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forms Authorized to Sign:

\_\_\_\_\_\_ Transaction Transfer Request (TTR) \_\_\_\_\_\_ Payment to Individual Report (PIR)

\_\_\_\_\_\_ Direct Payment Request (DPR) \_\_\_\_\_\_ Cash Advance Request

\_\_\_\_\_\_ Meal and Refreshment Requisition

**Authorized Signer #3:**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forms Authorized to Sign:

\_\_\_\_\_\_ Transaction Transfer Request (TTR) \_\_\_\_\_\_ Payment to Individual Report (PIR)

\_\_\_\_\_\_ Direct Payment Request (DPR) \_\_\_\_\_\_ Cash Advance Request

\_\_\_\_\_\_ Meal and Refreshment Requisition

Dean/Director Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*printed name*) Date: \_\_\_\_\_\_\_\_\_\_\_

**This form will replace any previous Signature Authority currently on file.**

**Please list all authorized signers.**