



# BUDGET AUTHORIZATION

TO: Budget Administration

FROM: Division \_\_\_\_\_ Dept./College \_\_\_\_\_

Dept. ID(s) \_\_\_\_\_

(Attached additional sheets if needed)

The following individuals are authorized to approve budget transactions:

PRINT NAME

SAMPLE SIGNATURE

INITIALS

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Effective Date: \_\_\_\_\_

AUTHORIZED BY:

PRINT NAME

SIGNATURE

Fiscal Administrator: \_\_\_\_\_

\_\_\_\_\_

College Dean/Director: \_\_\_\_\_

\_\_\_\_\_

Vice President: \_\_\_\_\_

\_\_\_\_\_

Please resubmit the Budget Authorization Form if there are changes to the above authorized signers. Return approved form to Budget Administration - Adm. 307.

If there are any restrictions and/or limitations to the above authorization, please provide details below: