



EASTERN KENTUCKY UNIVERSITY
Signature Delegation Form

I, _____, hereby grant
Print name of individual granting authority

_____ authorization to sign finance documents on my behalf.
Print name of individual receiving authority

For the following organization/budget codes:

- 1) _____ 3) _____
2) _____ 4) _____

All organization/budget codes for which I am the Financial Manager

As approver for procard statements
(Individuals receiving authorization must be at same level or higher in
Department hierarchy as current approver.)

Optional: This delegation expires on _____.

Choose one or more areas of delegation:

- Purchasing (create requisitions and complete receivers for purchases)
Budgeting (request budget transfers/adjustments)
Accounting (sign Direct Pays/Travel Forms/Timecards/Leave Reports/expense transfers)

Signature

Date

Title

Please note: The individual being given authority to sign documents shall sign their own
name and not the name of the individual who has granted them authority.

This form remains in effect as long as the individuals noted above remain in their current
positions as of this date. Unless otherwise noted above.

Accounting & Financial Services may require authorization forms to be updated periodically.

PLEASE SEND COMPLETED FORM TO:

Accounts Payable
Coates CPO 3A