

CASH PAYMENT VOUCHER AUTHORIZED SIGNATURES FOR FISCAL YEAR JULY 1, 2006 – JUNE 30, 2007

Department Name \_\_\_\_\_ Date \_\_\_\_\_
Department Zip \_\_\_\_\_ Phone \_\_\_\_\_
Account Number(s) \_\_\_\_\_ Fax \_\_\_\_\_

Table with 3 columns: Printed or Typed Name of Authorized Signatory, Special Restrictions, Signature. Rows 1-8.

I hereby authorize the above individuals to approve all cash payment vouchers for my department in accordance with the above limitations and fiscal year specified.

Printed Name of Department Head \_\_\_\_\_ Signature of Department Head \_\_\_\_\_ Date \_\_\_\_\_

I hereby authorize the above individual to approve all authorized signatories listed above.

Printed Name of Dean/Chairperson Vice President/President \_\_\_\_\_ Signature of Dean/Chairperson Vice President/ President \_\_\_\_\_ Date \_\_\_\_\_

Return to: Cash Disbursements, Accounting Department, Room 460, Administration Building, Z=1151