STONY BROOK
STATE UNIVERSITY OF NEW YORK

Record of Authorized Signatures for Fiscal Transactions

(State Accounts Only)

Note:

It is a requirement that each year the University review and update the list of authorized signatures for every State account. An electronic signatory system has been implemented that will make it easier for you to update your delegates without the need to send in a signature form. It is strongly recommended that you go to the Procurement website (www.stonybrook.edu/procurement) to update your delegate information on-line instead of submitting this form. The link to the Electronic Record of Authorized Signatures (E-RAS) can be found under *Employee's Corner*. If you log on and do not see your account number listed you will need to contact the Documents section of Procurement at (631) 632-6050 to determine the reason.

Instructions:

Use this form to identify individuals with authorization to encumber or commit account funds. A separate record of authorized signatures is required for each account. This record will remain active until further notification by the Account Director. If you have any questions, please contact the Documents Section of the Procurement Office at (631) 632-6050.

1. All sections must be completed.
2. In Section III and on the signature sheet (page 2), you must **type** your full name and Stony Brook ID. Repeat this step for each of your Delegate(s).
3. Print this completed form and the accompanying signature sheet (page 2).
4. Sign in Section II. Also sign and have your Delegate(s) sign on the accompanying signature sheet (page 2) if you/they have not done so before.
5. Please submit this form with all signature sheets to Procurement Office, Z=6000.

Section I

☐ **This is a new record of authorized signatures** ☐ **Completely replace existing record with information on this form**

☐ **Add the following Delegates to this account** ☐ **Remove the following Delegates from this account**

☐ **Other (explain):** _____

Section II

Account Director: (First Name, Last Name)		**Account Director SBID:**	**Title:**
Department:		**State Account Number:**	
Building:	**Room:**	**Zip:**	**Phone:**

I hereby authorize the changes that appear on this form to the account number listed above for which I am responsible. Also, I have personally witnessed the Delegate(s) sign their signature(s) on the attached signature sheet(s).

_____ _____

Account Director Signature **Date**

Section III

Delegate Full Name (Type in)	SBID (Type in)	Level of Authority (If left blank, full authority is assumed)

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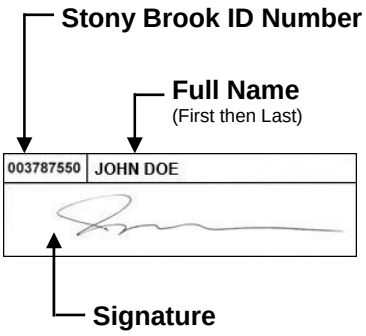
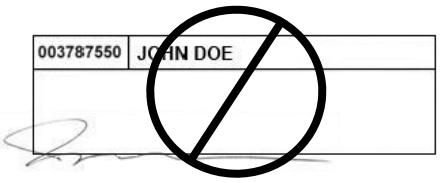
Record of Authorized Signatures for Fiscal Transactions Signature Sheet (Multi)

Instructions:

We only need your signature once. If you have already signed a form like this one, please do not sign again.

Have all signatories sign their full names within their respective boxes. **THE ENTIRE SIGNATURE MUST BE INSIDE THE BOX AS SHOWN BELOW.**



Please mail to:

Procurement, Z=6000