## **East Tennessee State University Financial Services Request for Authorization of Signature**

|  | Date  |                             |
|--|---|-----------------------------|
| Department   |   |                             |
| I request the signature of   |   |                             |
| Be honored for the type of transactions and accounts lito exceed one year from begin date. This does not appropriate approvals cannot be delegated. Requisitioner must be and must be processed on a Finance Goldlink Security | oly to paperwork that goes through Red<br>dfferent from approver on same inde | egistrar. TRS               |
| Begin Date:  | End   |                             |
| Specimen Signature   |   |                             |
| <u>Type of Transaction</u><br>(Accounts Payable, Budget, Contracts, Foundation, Gra  | Index Numbers ont Account, Personnel and Payroll, an                          | <u>Limits</u><br>nd travel) |
|  |   |                             |
|  |   |                             |
|  |   |                             |
| I have read the ETSU Business and Finance Policy, Deleg<br>This delegation complies with the policy & procedures.  | gation of Authority/Signature Authori.  | zation.                     |
| Chair or Department Head (please print or type)  | Signature of Chair or Depar   | rtment Head                 |
| Approved:  | Routing:<br>Budget<br>Financial Accounting                                    | Initial/Date                |
| Dean or Director   | Financial Systems Foundation Accounting Grant Accounting                      |                             |
| Vice-President   | Human Resources Payroll Procurement   |                             |
| Associate Vice-President for Financial Services  |   | <del></del>                 |