

**California State University, Sacramento
Financial Services and Support Services
2006/2007 Signature Authorization List**

Dept Name/s and ID/s: (e.g., Procurement Services 49100)

	Requisitions	Direct Payments	Travel: Request and Claim	Procurement Card	Stockless Office Orders	Reprographics Work Orders	One Card Deposits
Typed/Printed Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature:							
Typed/Printed Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature:							
Typed/Printed Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature:							
Typed/Printed Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature:							
Typed/Printed Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature:							

The above authorizations related to Financial Services (Requisitions, Direct Payments, and Travel) **MUST** conform to the authorized system access privileges for CMS Financial applications submitted to Management Services.

My signature below delegates to the above named individual/s my authority to commit University funds allocated to the above listed Department ID/s, until I revoke that authority in writing.

Signature (Program Director, Dean, Chair)

Date

Typed/Printed Name

Title

**Please return the signed original:
Return to Procurement Services, River Front Center, Suite 215: **Mail Stop 6008****