



University Foundation at Sacramento State
 6000 J Street, Modoc Hall 3001
 Sacramento, CA 95819-6080
 Email: ufssaccounting@csus.edu

EXPENDITURE AUTHORIZATION (DOA) CHANGE FOR UFSS FUND

FUND INFORMATION

Fund Number(s): _____

 Today's Date: _____

Fund Title(s): _____

 Effective Date: _____

AUTHORIZED SIGNATURES FOR EXPENDITURES

Addition	Deletion	Title	Name	Sample Signature (not required for deletions)
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
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<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

APPROVED BY

Approving authority must match an authorized title as listed on the original specification sheet

Title	Printed Name	Signature

THE UNIVERSITY FOUNDATION AT SACRAMENTO STATE VERIFICATION OF CHANGES

Signature _____

Date: _____

Scan completed form and send to ufssaccounting@csus.edu