**INSTRUCTIONS**: This form should be used to add or cancel authorized signatories for Accounts Payable related forms. The authorizing employee should complete Sections I and II of this form. Section III should be acknowledged and signed by the additional signatory.

***Request Type:***

Please indicate which statement(s) describe the action(s) to be taken. Then complete Sections 1, 2 and 3 below.

[ ] Add a new signature to the file.

[ ] Add Index(es) or change delegations for signature already on the file.

[ ] Delete a signature from the file.

[ ] Record a change in name for an existing signature – Enter new information in Section 1



Old Name: Last, First, MI

***SECTION 1: NAME INFORMATION***

 Effective Date

Last First MI (mm/dd/yyyy)

 

 Department Name ****

**S*ECTION 2: AUTHORIZATION INFORMATION***

|  |  |  |
| --- | --- | --- |
| **Index(es)****\*Please list additional indexes on a separate sheet if needed** | **Delegations –**Check Appropriate boxesDepartmental Authorizations | **Limitations**- limitations are applied to all delegations checked |
|  | [ ]  **T& E reimbursements**[ ]  **Petty Cash**[ ]  **Special Payment Request Form**[ ]  **Independent Contractor Payment Request** | [ ]  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ]  **Unlimited** |
| Approving Official Name Print Name Title  |  |
|  |  |

***SECTION 3: SIGNATURE ACKNOWLEDGEMENT***

**By signing this document, I acknowledge responsibility to ensure that all expenditures are valid, in compliance with the policies and procedures of the University and that sufficient funds are available to cover the expenditures.**

|  |  |
| --- | --- |
|  |  **SUBMIT TO: AP Manager** **by email:** **rbeatty@pace.edu** **or fax to (914)989-8118** |
| **SIGNATURE SPECIMEN as it will appear on University documents** |