BUDGET AUTHORIZATION

TO: Budget Administration

FROM: Division _____ Dept./College _____

Dept. ID(s) _____
(Attached additional sheets if needed)

The following individuals are authorized to approve budget transactions:

PRINT NAME	SAMPLE SIGNATURE	INITIALS

Effective Date: _____

AUTHORIZED BY:	PRINT NAME	SIGNATURE
Fiscal Administrator:		
College Dean/Director:		
Vice President:		

Please resubmit the Budget Authorization Form if there are changes to the above authorized signers.
Return approved form to Budget Administration - Adm. 307.

If there are any restrictions and/or limitations to the above authorization, please provide details below: