

## SIGNATURE AUTHORIZATION

·					al FOAPALs Only Name Char					ge Delete			
Last Name		First Nam	ie	<u> </u>	Ir	nit	TUid#						
Department Name							Authority Time Limits						
							Begin End						
If a Name Change – Print Your Prior Name Here							MM	DD	YY	ММ	DD	YY	
When different FOAPAL's have different limits, use more than one of these forms													
Authority (Explanation in Policy) Level 1				Level 2 Level 3			Level 4			Level 5			
SPECIAL AUTHORIZATION SECTION (The following is to be used for Level 5 only)													
DESCRIPTION OF SPECIAL AUTHORITY (Required for Level 5)													
Program Code Not Needed for Signature Authorization													
								ODC ACCOUNT					
FUND	ORG	ACCOUNT		FUND			ORG			ACCOUNT			
Approval (type or print name)			Approval (Signature)							Date			
				A sample signature is required for all forms except deletions									
Date Received				TYPE OR PRINT NAME OF PERSON REQUESTING AUTHORIZATON									
Processed By				SAMPLE SIGNATURE OF PERSON REQUESTING AUTHORIZATON									
Comments													
Comments													
												İ	