**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 boxes  Departmental 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**](mailto:rbeatty@pace.edu) **or fax to (914)989-8118** |
| **SIGNATURE SPECIMEN as it will appear on University documents** |