

Signature Authorization Form – delegates Dean/VC/AVC authority to make budget changes for the college/unit.

2 Digit Department ID _____

Name & Unity ID	Authorization Period (mark only one)
	<input type="checkbox"/> Indefinitely. I understand this authority will not expire and will not be removed without action on the part of the Dean, Vice Chancellor, or AVC. <input type="checkbox"/> From _____ to _____. I understand this authority will expire and will not be renewed without action on the part of the Dean, Vice Chancellor, or AVC.
	<input type="checkbox"/> Indefinitely. I understand this authority will not expire and will not be removed without action on the part of the Dean, Vice Chancellor, or AVC. <input type="checkbox"/> From _____ to _____. I understand this authority will expire and will not be renewed without action on the part of the Dean, Vice Chancellor, or AVC.
	<input type="checkbox"/> Indefinitely. I understand this authority will not expire and will not be removed without action on the part of the Dean, Vice Chancellor, or AVC. <input type="checkbox"/> From _____ to _____. I understand this authority will expire and will not be renewed without action on the part of the Dean, Vice Chancellor, or AVC.

REMOVE the following individual(s) as authorized approver(s):

Name & Unity ID	Effective Date	Reason for Removal

Please check this box if the above authorized personnel may further delegate this authority.

I understand that by signing this form, I am authorizing the individuals listed to approve budget journals and sign budget revision forms. This delegation supersedes any previous delegation.

Dean/Vice Chancellor/AVC

Date