



Signature Authorization For Purchase Requisitions in Workflow

(Submit completed form to Purchasing Office, 236 W 27 St, 5th Floor)

Employee Information:

Employee Name: _____ Department: _____
Phone Extension: _____ E-Mail Address: _____

Signature Type:

a) New _____ b) Replacement _____ for _____
c) Remove _____ d) Backup Approver _____

Department Number: _____
Cost Centers: _____

Note: Users will be given signing authority to their department, this includes all cost centers within each department unless specified.

Dollar Amount for approval:

Up to \$500 _____ Up to \$1,000 _____ Up to \$5,000 _____ Up to \$10,000 _____
Up to \$25,000 _____ Up to \$50,000 _____ Over \$50,000 _____

Signature Sample of Employee: _____

Departmental Approval (Supervisor):

I hereby authorize the employee above to sign purchase requisitions for the cost centers and dollar amounts noted on this form.

Signature:

Supervisor Name: _____ E-mail Address: _____
Date: _____ Phone Extension: _____

Purchasing Authorization:

Dr. Robert E. Otto, Purchasing Director

Signature: _____ Date: _____

To be completed by System Administrator

Access Granted:

System Administrator Signature: _____ Date: _____