



**BUSINESS AND FINANCIAL SERVICES  
Signature Authorization Application**

**Upon completion of the form, email to [bfs\\_kfs\\_applications@colostate.edu](mailto:bfs_kfs_applications@colostate.edu)**

Please type or print.

Name: \_\_\_\_\_ NETID: \_\_\_\_\_

Dept. Name: \_\_\_\_\_ Home Dept. # : \_\_\_\_\_

Campus Address: \_\_\_\_\_ Phone # : \_\_\_\_\_

Job Title: \_\_\_\_\_

Name & Phone # of Person Completing Form: \_\_\_\_\_

<b>Signature Authorization</b>
<b>Department number(s):</b>
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<b>AUTHORIZATIONS</b>		
<p>I, _____, request signature authorization authority and agree to comply with all policies and procedures regarding the expenditure of University funds. I agree that all approved expenditures will be for official University business purposes only, are reasonable and that the activity is appropriate to the account being charged.</p> <p>I understand that in the event of willful or negligent default of this privilege, the University shall take any recovery action deemed appropriate, that is permitted by law.</p>		
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<p>_____</p>	<p>_____</p>
Signature of Applicant		Date
<p>I request that the above-named individual, an employee of Colorado State University, be granted signature authority. I agree to provide appropriate oversight and monitoring of this individual's fiscal activities.</p>		
<p>_____</p>	<p>_____</p>	<p>_____</p>
Type or print name of Dean, Director or Dept. Head	Signature of Dean, Director or Dept. Head	Date

For Business and Financial Services Use Only			
<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
Entered into Database by	Date	Executive Director, Business & Financial Services	Date