PLYMOUTH STATE UNIVERSITY

Of the University System of New Hampshire

SAMPLE SIGNATURE FORM

_____ _____

Write name **as it will appear on all documents** Type name Date

PSU _____ _____ _____

Campus Department Address Ext

_____ _____

Approval by Authorized Dept. Personnel (Write name) Title

_____

Type name

Account # --FOAPAL (s)	**Account Name (s)**	**Documents (Check appropriate boxes)**
		Direct Pays Petty Cash Non-Travel Cash Advance ALL OF THE ABOVE Travel Advance Form Travel Expense Voucher (Dept Chairs & Directors *only*)

INSTRUCTIONS:

Sign in space provided, as you will be signing the expense documents that you have been approved to process. Please complete in pen and/or type in blanks provided.

1. Type your name
2. Department
3. MSC code/building/extension
4. “Approved by” – signature of Dean/Director/Dept Chair who is authorizing your approval
5. Title of the person authorizing
6. Type name of that person authorizing your approval
7. List all FOAPAL (s) that you will have the expenditure authorizations approvals
8. Account name(s)
9. Check appropriate boxes of what documents you are approved to sign

Any questions – please contact the Accounts Payable office. Once completed, please return this form to Accounts Payable as soon as possible. Thank you!