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**Accounts Payable Department**

University of Notre Dame

725 Grace Hall

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**Signatory Authorization**

In order to remain in compliance with University policy, only authorized signatures are allowed for the disbursal of funds. If you wish to grant any other individual (s) the authority to initiate charges against your account please complete this form, include your signature and that of each designee, and return to the address below. Without this authorization, only the budget administrator (s) will be allowed to charge against this account.

Date: \_\_\_\_\_

I, \_\_\_\_\_  
Print/Type Name

\_\_\_\_\_, Budget Administrator  
Signature

designate authority to the following individual(s) to approve expenses for: **FOAPAL** codes listed below

**FOAPAL CODES**

*Fund (6)	*Org anization(5)	*Account (5)	*Program (5)	Activity(5)	Location(4)

\* Required fields for data entry (#) identifies the length of the number.

_____	_____	_____
Print/Type Name	Signature	Dollar Limit (if any)
_____	_____	_____
Print/Type Name	Signature	Dollar Limit (if any)
_____	_____	_____
Print/Type Name	Signature	Dollar Limit (if any)

Mail to:  
Accounts Payable Department  
725 Grace Hall

**For Office Use Only**

\_\_\_\_\_

Date Received

\_\_\_\_\_

Received By