

## ACCOUNTS PAYABLE / TRAVEL AUTHORIZED SIGNATURE FORM

Fiscal Year	Date
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Department Name	Extension	Mail Stop

Division Head Approval	
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Print Name

Signature

**The employees' signatures as shown below are authorized to sign for the receipt of materials and services.**

Authorized Signers	Direct Pay	Invoice	Petty Cash	Travel
<b>Each individual check applicable boxes</b>				
Print Name				
Signature				

Print Name				
Signature				

Print Name				
Signature				

Print Name				
Signature				

Print Name				
Signature				

Print Name				
Signature				

Print Name				
Signature				

Print Name				
Signature				

**RETURN COMPLETED FORM TO ACCOUNTS PAYABLE @ MS JA58**

ORG ID #
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**AMENDED  
ACCOUNTS PAYABLE / TRAVEL AUTHORIZED SIGNATURE FORM**

Fiscal Year	Date
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Department Name	Extension	Mail Stop

Division Head Approval	
------------------------	--

**The employees' signatures as shown below are authorized to sign for the receipt of materials and services.**

Additional Authorized Signers		Direct Pay	Invoice	Petty Cash	Travel
Each individual check applicable boxes					
Print Name					
Signature					

Print Name					
Signature					

Print Name					
Signature					

Print Name					
Signature					

Print Name					
Signature					

Print Name					
Signature					

**Delete Authorized Signers**

Print Name	
Print Name	
Print Name	
Print Name	

**RETURN COMPLETED FORM TO ACCOUNTS PAYABLE @ MS JA58**