



**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: \_\_\_\_\_ eid: \_\_\_\_\_

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

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

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

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

|  |
|--|
| <b>Signature Authorization</b>                     |
| <b>Department number(s):</b>                       |
| _____<br>_____<br>_____<br>_____<br>_____<br>_____ |

**AUTHORIZATIONS**

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.

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.

Signature of Applicant

\_\_\_\_\_ Date

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.

\_\_\_\_\_ 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

\_\_\_\_\_ Entered into Database by

\_\_\_\_\_ Date

\_\_\_\_\_ Executive Director, Business & Financial Services

\_\_\_\_\_ Date