

East Tennessee State University
Agency Account Request for Authorization of Signature

Date _____

Department _____

I request the signature of _____

Be honored for the type of transactions and accounts listed below for the period of dates indicated, not to exceed one year from begin date. This does not apply to paperwork that goes through Registrar. TRS approvals cannot be delegated.

Begin Date: _____

End Date: _____

Specimen Signature

<u>Type of Transaction</u> (Accounts Payable, Personnel and Payroll, and travel)	<u>Agency Account</u>	<u>Limits</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*I have read the ETSU Business and Finance Policy, Delegation of Authority/Signature Authorization.
This delegation complies with the policy & procedures.*

Financial Manager of Agency Account

Revised 12/6/18