

Millersville University

Signature Authorization Form

To be used in the submission of
P-card Statements

Please Print or Type

New Add to Existing Replace Existing

As the responsible person (financial manager) of the cost center or WBS listed on this purchasing card, I delegate signatory authority for statement reconciliation to the delegate listed below. I also understand there may be times when the signatory authority will change the accounting information including cost center, WBS, Internal Order, GL account or internal order. After approval the statement is paid and the funds are allocated.

PLEASE NOTE: ONE OF THE SIGNATURES BELOW MUST BE USED ON ALL DOCUMENTS

Cost Center/WBS/Internal Order listed on statement: _____

Responsible Person of above fund: _____

Signatory authority designated to	SIGNATURE
Name (Please Print)	<input checked="" type="checkbox"/>
Title	



Responsible Person's Signature

Date

PLEASE REMEMBER – A NEW FORM IS REQUIRED WHENEVER THE RESPONSIBLE PERSON CHANGES!