



SIGNATURE AUTHORIZATION FORM

Employee Name (type or print)

is authorized to perform the functions specified below
for the following orgs/funds/units:

Employee Signature

TRAVEL	
	Supervisor's Signature on Travel Authorization (TA) – No Delegation , must be supervisor (or above) of employee.
<input type="checkbox"/>	Approval of in-state TA (employee, supervisor or any account expenditure signature authority.) – No delegation below level of traveler permitted.
<input type="checkbox"/>	Approval of out-of-state TA (after employee and supervisor approval) – No delegation below level of Dean/Director permitted.
<input type="checkbox"/>	Approval of foreign travel TA – Requires supervisor signature. No delegation below Dean/Director permitted. NOTE: Supervisory approval <u>IS REQUIRED</u> for Deans/Directors who normally sign their own TA.
<input type="checkbox"/>	Approval of Travel Expense Report – TERs reflecting changes from the original TA must be signed by the original TA signature authority. below
<input type="checkbox"/>	Approval of request for University Travel Charge Card.
<input type="checkbox"/>	Approval for changes of travel advance amount – Must be approved by the traveler AND the original TA signature authority.
<input type="checkbox"/>	Pick up blank Travel Authorization forms from UAF travel office.
<input type="checkbox"/>	Pick up blank Transportation Request forms from UAF travel office.
PAYROLL / POSITION CONTROL / JOB ASSIGNMENTS	
<input type="checkbox"/>	Pickup checks for the following time keeping locations (TKLs): _____
<input type="checkbox"/>	Authorization for Labor Redistribution, Position Requisition, and Job Forms for the following TKLs: _____
GENERAL LEDGER	
<input type="checkbox"/>	Approval of Journal Vouchers. Budget Revisions.
ACCOUNTS PAYABLE	
<input type="checkbox"/>	Department Head approval on funded blanket purchase/delivery order call registers.
<input type="checkbox"/>	Purchase Order receiving approval.
PURCHASING	
<input type="checkbox"/>	Approval for Change Order request to Accounts Payable.

Signature of Dean / Director

Unit Name

Date