

**BROWN UNIVERSITY**

**AUTHORIZATION TO DELEGATE DEPARTMENTAL SIGNATURE  
AUTHORITY**

Department/Unit Name: \_\_\_\_\_

As Head of the above mentioned unit, I hereby delegate authority to the departmental manager named below, for the purpose of approving University payment or reimbursement to, or on behalf of, the department's faculty members. I understand that this authorization can be granted only to managers at the grade level 10 or above, and certify that the individual named below meets that requirement, and that appropriate approvals are on file with the Controller's Office that indicate that this person to have signatory approval on financial documents. This authorization will remain in place until revoked by the head of this department/unit.

**Manager Name:** \_\_\_\_\_

Signature: \_\_\_\_\_

**Department/Unit Head Approval:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return to: Controller's Office, Box J, Attn: Account Payable  
04/09