

BROWN UNIVERSITY
Controller's Office

Controller Use Only:

SIGNATURE AUTHORIZATION FORM

Department Name: _____ Date Submitted: _____

Department Number (5-digits): _____

Please indicate below, with printed name and signature, those individuals in your department who are authorized to sign for and/or commit the use of departmental funds for an individual expenditure **equal to, or greater than, \$5,000.**

This action authorizes the individuals below to initiate or approve one or more of the following University documents against any departmental account, including grant and contract (ledger 5), gift (ledger 6) and agency (ledger 9) accounts.

- | | | |
|-------------------------------|---------------------------|---|
| Request for Check | Interdepartmental Invoice | Meals & Hospitality |
| Internal Purchase Requisition | Wire Transfer Request | Purchase Requisition (on-line Level 3 or above) |

It is not necessary to list individual faculty members who are principal investigators on grants and contracts. Departmental authority for expenditures less than \$5,000 will not be maintained centrally, but should be established within each unit.

NAME	SIGNATURE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Approved: _____
Department head name

Signature