



SUNY

Cobleskill

COLLEGE STORE AUTHORIZATION TO CHARGE FORM

THIS FORM MAY BE USED ONE TIME ONLY.

ADDITIONAL CHARGES AT OTHER TIMES WILL REQUIRE ANOTHER COPY OF THIS FORM SIGNED BY THE PERSON AUTHORIZED TO SIGN FOR THE DEPARTMENT.

PLEASE E-MAIL LOUISE BIRON IF YOU WISH TO ADD ADDITIONAL PEOPLE TO THE PERMANENT LIST OF THOSE WHO ARE ALLOWED TO SIGN ANYTIME.

I hereby authorize _____ to purchase supply items from The College Store and charge them to the state account listed below.

OPTIONAL: Please specify items: _____

Budget Holder Name: _____

Budget Holder Signature: _____

Account #: _____

Date Permission Begins: _____

Date Permission Expires: _____