



SUNY Cobleskill

Record of Authorized Signatures For Fiscal Transactions

Instructions: It is a requirement that each year the SUNY Cobleskill review and update the list of authorized signatures for every State account. Use this form to identify individuals with authorization to encumber or commit account funds. A separate record of authorized signatures is required for each account. This record will remain active until further notification by account director. If you have any questions, please contact the Business Office at 255-5531.

Section I

- This is a new record of authorized signatures Completely replace existing record with information on this form.
- Add the following delegates to this account Remove the following delegates from this account.
- Other: (explain) _____

Section II

Account Holder:		Title:
Department:		State Account Number:
Building:	Room:	Phone:

I hereby authorize the changes that appear on this form to the account number listed above in which I am responsible for. Also, I have personally witnessed the delegates(s) sign their signature below.

Account Holder Signature

Date

Section III

<i>Delegate Full Name</i>	<i>Signature</i>