

SIGNATURE AUTHORIZATION FOR PROPERTY INVENTORY RECORDS

Department ID: _____

As Chair or Director of the department of _____

I hereby designate _____

as my representative for signing the following forms:

- Property Removal Permit
- Property Transfer Request

I understand I am still personally responsible for all property transactions of this department and this authorization is valid for only the forms specified above. This authorization is valid through:

August 31, 20

Approval of Chair or Director

Signature of Chair/Director: _____

Printed Name of Chair/Director: _____

Signature of Designee: _____

Printed Name of Designee: _____

Signature & Printed Name of other Designee if assigning multiple: _____

Signature Authorization Forms expire August 31 and MUST be renewed each fiscal year.

Please send to Property Control - Office of Accounting (Campus Mail or email: Property Control-Admin).