



**Western
University**
OF HEALTH SCIENCES

The discipline of learning. The art of caring.

SIGNATURE AUTHORIZATION FORM

The signature authorization form is used by Accounts Payable for verification of authorized signers for each department.

Please print or type the names of the authorized signers for your department then have them sign their names. List the organization number they have authorization for and the authorized dollar amount. For funds outside of 1100, please list the additional fund numbers as well

Department Name:

Authorized Signer:

Signature:

Approved Organization Numbers:

Dollar Limit:

Approved Fund Numbers:

Dollar Limit:

Supervisors Signature: _____

Date: _____

**PLEASE RETURN THIS COMPLETED FORM TO THE ACCOUNTS PAYABLE OFFICE OR EMAIL TO
AP@WESTERNU.EDU**