Department / Sub-Department Signature Authority Form

TARLETON STATE UNIVERSITY
Member of The Texas A&M University System

Please contact us for a list of current signers on the account if needed

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Purpose:
○ Add Signature Authority
○ Remove Signature Authority

Authority Role:
○ Primary Signer
○ Substitute Signer

Dept Name:

Dept Code: **Sub-Dept Code:**

You can find your dept codes using account search in Canopy OR screen 29 in FAMIS

First Name: **Last Name:**

UIN: **E-mail:**

Title: **Phone:**

Authority Area(s):

FAMIS/CANOPY
☐ DBR, DCR & TDP
☐ DT* [Travel & P-Card]
☐ E** [Payroll & PCTs]

TexanBuy [AggieBuy]
☐ Approver
☐ Allocator
☐ Creator/Receiver
☐ Others Please Specify

*Please note that the Authority Area(s) will impact security routing and approver.

I hereby acknowledge responsibility for activity on Texas A&M University System or Agency accounts belonging to this department. I have read and understand section 21.01.03 of the System Regulation and related System and Agency disbursement rules and guidelines. I have received certification for disbursement training or will complete within two months. I will approve all account requests according to all relevant rules, regulations, or guidelines as established by federal or state government, the Texas A&M University System or any relevant Texas A&M agency.

_____   Date:_____
Signature (not required to remove signature authority)

_____   Date:_____
Department Head Approval

_____
Printed Name

Send completed form to Business Services, Box T-0120 or email to accountingservices@tarleton.edu