

# REQUEST FOR ADDITION / DELETION OF AUTHORIZING SIGNATURES



## BOX 1

BRC # _____	BRC TITLE _____
LOCATION _____	EFFECTIVE DATE _____

**BOX 2** - Please enter the names of individuals who have BRC authority to authorize requisitions, travel authorizations, contracts, petty cash, revolving funds, reimbursement claims, payroll timesheets, etc. and payment authorizations for the same. **Requisitions will route to all names listed.** You may also list a proxy to approve your BRC transactions in your absence. However, there is no 'switch' that can be used to identify when you are absent, so this person will receive notification of all transactions that need approval.

ADD	DELETE	PRINT NAME	SIGNATURE	EMAIL
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

**BOX 3** – Please enter the name(s) of the individual(s) who have authority to sign receiving documents or approve receiving online for this BRC.

ADD	DELETE	PRINT NAME	SIGNATURE	EMAIL
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

**BOX 4** – Please obtain the Department Head's signature and indicate the Cabinet Member that the BRC reports to:

_____ Department Head Print Name	_____ Department Head Signature	_____ Date
_____ Cabinet Member Print Name		

**--FOR BUDGET USE ONLY--**

Reviewed By _____	Date _____	Updated By _____	Date _____
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**PLEASE RETURN THIS COMPLETED FORM TO THE BUDGET DEPARTMENT.**