



NEW YORK UNIVERSITY

SIGNATURE AUTHORIZATION FORM

Use this form to identify individuals in your area who are authorized to sign documents submitted to the Controller's Division and the Bursar's Office for payment.

Return completed forms to Accounts Payable Department, Controller's Division, 726 Broadway, Ninth Floor.
Forward a copy to the Office of the Bursar, 25 West 4th Street, Room 116.

DIVISION/SCHOOL	DATE
------------------------	-------------

CHARTFIELD

FUND/S	ORGANIZATION	PROGRAM	PROJECT
<input type="checkbox"/> ALL <input type="checkbox"/> ___ ___ ___ ___ ___ ___ ___ ___	FROM: ___ ___ ___ ___ ___ TO: ___ ___ ___ ___ ___	FROM: ___ ___ ___ ___ ___ TO: ___ ___ ___ ___ ___	FROM: ___ ___ ___ ___ ___ TO: ___ ___ ___ ___ ___

PERSONS LISTED BELOW ARE AUTHORIZED TO SIGN DOCUMENTS FOR PAYMENT

NAME (PRINT) AND SIGNATURE	CONTACT INFO	
NAME	TEL:	FAX:
SIGNATURE	NYU ADDRESS:	
	NET ID:	
NAME	TEL:	FAX:
SIGNATURE	NYU ADDRESS:	
	NET ID:	
NAME	TEL:	FAX:
SIGNATURE	NYU ADDRESS:	
	NET ID:	

AUTHORIZED BY (You cannot approve this form if you are one of the individuals listed above)

DEAN OR HEAD OF ADMINISTRATIVE UNIT (PRINT NAME)	DEAN OR HEAD OF ADMINISTRATIVE UNIT (SIGNATURE)	TEL: FAX: EMAIL:
---	--	------------------------

NOTE: FAILURE TO RETURN THIS FORM OR REPORT CHANGES IN PERSONNEL WITHIN YOUR AREA WILL RESULT IN DOCUMENTS BEING RETURNED UNPROCESSED.