

VICTORIA UNIVERSITY SIGNING AUTHORIZATION FORM

Purpose: This form is to assist accounting staff verify the authorized signature(s) on the cheque requisition and invoice.

Important: The individual(s) listed below is/are granted signing privileges by the budget holder to pay from departmental accounts.

1. Please update and return this form to Jennifer McCann in the accounting office.
2. Please list the staff name and provide both signature and initial sample.
3. In any case, if you require a counter-signature for payment approval, please indicate in restriction section. Our office will not release any cheque until the signing requirements are fulfilled.

(please check one)

- President's Office
- Victoria College Principal's Office
- Emmanuel College Principal's Office
- Victoria University Library
- Centre for Reformation and Renaissance Studies
- Dean's Office/Residence Services
- Registrar's Office
- Bursar's Office
- Events Victoria (Bader)
- Food Services
- Infrastructure and Sustainability
- Housekeeping
- Alumni Affairs & University Advancement
- Other - e.g. research grant holder

_____ *(specify project name)*

| Full Name (please print) | Signature Sample | Initial Sample | Signing restriction (if any, please specify, eg. counter signature) |
|--------------------------|------------------|----------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

_____ **Approval Budget Holder**

_____ **Date**