



# CMS SIGNATURE AUTHORIZATION

NEW       REVISED

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*Last Name*
*First Name*
*Middle Initial*

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*Department*
*Title*
*Fiscal Year*

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*Employee Signature*
*Date*

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*Supervisor Signature (VP/Dean/Area Manager)*
*Print Name*
*Date*

*CMS CHARTFIELDS*

FUND	DEPARTMENT	PROGRAM	CLASS	ACCOUNT TITLE

**Mark All Boxes That Apply:**

- |                                                                                         |                                                   |                                                     |
|-----------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Budget Transfers                                               | <input type="checkbox"/> Attendance Records       | <input type="checkbox"/> Store Supply Orders        |
| <input type="checkbox"/> Receiving Confirmation                                         | <input type="checkbox"/> Certify Timesheets       | <input type="checkbox"/> OIT Work Orders            |
| <input type="checkbox"/> Purchasing Requisitions and Direct Pays<br><i>Limit: _____</i> | <input type="checkbox"/> Absence Requests         | <input type="checkbox"/> Physical Plant Work Orders |
|                                                                                         | <input type="checkbox"/> Travel Requests & Claims | <input type="checkbox"/> Reprographics Orders       |
|                                                                                         | <input type="checkbox"/> Employment Requests      | <input type="checkbox"/> Property Custodian         |

**Please return to Financial Services, MSR 290, when complete.**