

**SANTA BARBARA CAMPUS
SIGNATURE AUTHORIZATION
OR CANCELLATION**

U242-8 (1/13) 71485-140

INSTRUCTIONS: Complete this Signature Authorization Form to document the signature(s) of employee(s) designated to approve specified transactions (such as a travel expense voucher). An employee who is designated signature authorization should not be assigned responsibility for verifying charges appearing in the General Ledger. A cancellation form shall be submitted as soon as possible after a designated employee is no longer responsible for approving transactions. The Signature Authorization Form is also to be used to record the signature of a Department Head. A cancellation form shall be submitted as soon as possible after a Department Head ceases to serve as the Department Head.

1. NAME (Last/First/Middle Initial)	2. ACTION (check appropriate box below)		3. Effective Date (mm/dd/yyyy)
	Authorization <input type="checkbox"/>	Cancellation <input type="checkbox"/>	

4. Payroll Title	5. Mail Code	6. Preparer & ext.	7. Owner Dept (4 letter code)
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8. ACCOUNT COVERED BY THIS AUTHORIZATION	ACCOUNT NAME	LOC	ACCOUNT	FUND	SUB	

9. Signature Specimen
- Use this signature on all University documents

10. Department Transactions	<input type="checkbox"/> Purchase Requisitions	<input type="checkbox"/> Staff Personnel Transactions
	<input type="checkbox"/> Payroll	<input type="checkbox"/> All Department Business
	<input type="checkbox"/> Travel Documents (advances & expense vouchers)	<input type="checkbox"/> Other... Specify _____
	<input type="checkbox"/> Invoices & Recharges	
	<input type="checkbox"/> TOE Paper (manual UFIN 120)	

Department Head Signature (below)

Print Dept. Head Name & Date (above)

RETN: ACCOUNTING 1 YEAR AFTER CANCELLATION/OTHER COPIES UNTIL CANCELLED.

*Original to Accounting