Policy: Signature Authority Table

Departmental requests for processing transactions (i.e. disbursements, corrections, transfers) will be accepted only when accompanied by the signature of an authorized organization / account representative. Each organization / account will have a unique listing of authorized signatories. The authority to sign is generally restricted to the departmental or administrative head, but it may also include other organization / account representatives. To eliminate questions concerning who should approve transactions (purchase requisitions or disbursements) for a particular organization / account, a Signature Authority Table (see form attached to this policy as Attachment I) listing the names of employees authorized to approve such requests is filed with the Comptroller’s Office.

All areas are required to complete the Signature Authority Table to ensure that only authorized transactions are processed by the various business offices (i.e. Purchasing, Accounting, Accounts Payable etc.). A Signature Authority Table must be completed for each organization (account number). Therefore, if you are the organization manager for three different accounts (i.e. 1000-700-9876, 1000-700-5434, 1000-700-1951), you must complete a Signature Authority Table for each account to ensure proper indexing. It is the responsibility of the department head (as defined by the organization table on the financial system) to ensure that the Signature Authority Table is current at all times. As such, each time a change in the Signature Authority Table becomes necessary (due to employee changes in responsibility, additions or departures) a new form must be prepared and submitted to the Comptroller’s Office. Transactions will not be processed unless approved by a signatory on file with the Comptroller’s Office. Failure to maintain an accurate and current Signature Authority Table on file will result in processing delays of transactions.

Only full signatures will be acceptable for transaction processing. Initials will not be accepted. No individual may possess final signing authority in those instances where he or she is the payee. Reimbursement of employee business expenses (i.e. whether processed through petty cash or accounts payable) must be approved by the employee’s supervisor. For example, the Associate Vice President for Finance & Administration approves the business expenses of the Comptroller.

The University budget process groups expenditures into seven primary categories:

Salaries (1F00, 2P00, 3W00, TF00, TP00, TW00)
Benefits (4B00, TB00)
Marketing and publications (5M00, TM00)
Supplies and services (includes office supplies, travel and related costs, postage, professional services, etc.) (5S00, TS00)
Utilities (5U00, TU00)
Capital (Equipment and furniture) (7C00, TC00)
Inter-departmental charges (6I00, TI00)
Furthermore, the Signature Authority Table will be used to identify whether an individual is authorized to:

1) Hire or terminate personnel
2) Carry a corporate card
3) Carry a procurement card
4) Approve timesheets

No documents (i.e. new hire form, timesheets, purchase requisitions, petty cash vouchers, inter-departmental transfers and payments to vendors) will be processed unless authorized by an approved signatory.

**Instructions for completing the Signature Authority Table**

These instructions and item definitions will assist you in the completion of this form. Each form contains space to designate up to two individuals as authorized signatories. If more than two individuals are authorized to incur expenditures, please attach additional forms. Please note that only original forms are acceptable. Facsimile or copies are not acceptable.

**Organization name:** Enter the name of the account. This name should correspond to the name on the financial system (Advantage).

**Organization manager:** Enter the name of the account manager. The manager name should correspond to the name on the financial system (Advantage).

**Account number:** List the Fund, Agency and Organization numbers assigned to the department / program (e.g. 1000-700-1234).

**Name:** Identify the full name of the individual designated with approval authority. The full name should be typed or printed: first name, middle initial and last name.

**Title:** Indicate the complete title of the individual.

**Signature and Initials:** Each designated individual must sign in full in the space marked signature below the typed or printed version of his / her name. In addition, the individual must provide a sample of their initials. The signature and initials must be clear and in ink.

**Expenditures:** Indicate the type of expenditure the individual is authorized to approve by indicating “Yes” if the individual is authorized or “No” if the individual is not authorized. Indicating that an individual is authorized to approve signifies that the individual is authorized to approve new charges and corrections (or transfers) to the account. Please note that in the case of corrections (or transfers) in order to complete the transaction, an authorized signatory of the second account must authorize the transaction if the originator of the correction (or transfer) is not an authorized signer of the second account. For example, authorized signer for account 1000-700-5678 requests that $500 of supplies be transferred to account 1000-200-7101. In order to complete the transaction an authorized signatory of account 1000-200-7101 must also approve the transaction.
If a dollar maximum is to be imposed please indicate the specific limitation. Limitations are set at the following levels $100, $500, $1,500, $5,000 and $10,000. If no limitation applies enter “Unlimited” in the limitations column.

Please indicate “Yes” or “No” if the individual is a Corporate Card holder and / or Procurement Card holder.

In addition, specify the individuals authorized to approve departmental timesheets by indicating “Yes” or “No.” The individual authorized to approve timesheets must be a supervisor or manager of the department with first hand knowledge of the staff’s daily activities or the ability to direct the employees’ work. It is recommended that at least two supervisors / managers be authorized to approve the timesheets to ensure timely processing of timesheets and payment of wages to employees.

Effective date: Indicate the effective date of the Signature Authority Table.

Department Head / Chairperson: The signature of the individual responsible for the account must appear in this section. This is the same individual listed as Organization Manager in the organization table (chart of accounts) in the financial system (Advantage).

Vice President / Executive Officer / Dean: The signature authority table will not be accepted unless the Vice President / Executive Officer / Dean for the area (as defined in the financial system by the Agency Table) approves the form.

Page ___ of ___: Indicate the number of pages listing your signatories. For example, if you have 5 signatories for your organization you will need to complete three forms. This will ensure that the Signature Authority Table received by the Comptroller’s Office is complete.

A completed sample form is contained in Attachment II.