

**Marquette University
Authorized Signatures Form**

(RC)

(Restriction)

Account # _____ - _____

Account Name _____

Instructions

- A separate sheet is required for each RC/Restriction combination.
- Type or print each person's name on the left then ask them to provide his/her signature on the blank line to the right.
- After all names have been verified and signatures obtained, the dean, director or chairperson must sign and date the list at the bottom of the page.
- Use additional sheets as necessary.
- Return to the Comptroller's Office, Straz Tower, Rm. 175, attn: Mary Jo Kuzma. If you have any questions please contact Mary Jo Kuzma at x 8-1585.

First & Last Name (print)	Signature	(Comptroller Office Use) HRMS Position Code

I certify that the individuals listed above are authorized signers for expenditures against the referenced account.

Print First & Last Name of
Dean, Director or Chairperson

Signature

Date