

Pink Sheet Authorization Form

Please complete this form. We need to know who has authorization to sign on the pink sheet(s). The person authorized must have signature authority for the budget account(s) listed on the pink sheet(s). For those departments that have more than one budget account, you may need to complete more than one form. Please list the budget account number the person has signature authority for. Also, attach a copy of the "SIGA" screen from Advantage.

Department Name: _____

Department Code: _____

Mail Code: _____

Person Pink Sheets are mailed to: _____

Phone number of person pink sheets are mailed to: _____

Primary Person to Approve Pink Sheets: _____

Account Number: _____

Account Number: _____

Alternative Person to Approve Pink Sheets: _____

Account Number: _____

Account Number: _____

Alternative Person to Approve Pink Sheets: _____

Account Number: _____

Account Number: _____

Date form completed: _____

Name of person completing form: _____