

**Account Name:** \_\_\_\_\_ **Allocation #** \_\_\_\_\_

Expenditures from the above account may be approved by any one of the following signers:

Account Signers (names printed):	Signature:	Effective Dates:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you would like to establish expenditure limits please complete the following:  
 Expenditures of more than \$\_\_\_\_\_ must also be approved by (please specify: Department Chair, Dean, or Director): \_\_\_\_\_

**Approved by:**

_____ Name Printed – Department Chair	_____ Signed	_____ Effective Dates
_____ Name Printed – Dean/Director	_____ Signed	_____ Effective Dates