THE
UNIVERSITY
OF RHODE ISLAND

Signature Authorization Form

Required for establishing **new** Chartfield Strings. Updates to existing CFS Signature Authorization should be processed online using the Signature Authorization Update Form in e-Campus Financials

Chartfield: Fund _____ Dept _____ Program _____ Project _____

Chartfield String Name
(Limited to 30 Characters incl. spaces) _____

Personnel whose name & signature appear on this form are authorized to approve processing, for items indicated on this Chartfield String only, by checking off the appropriate Document Code check boxes. If any designated signatories signature is missing their information will be excluded from entry and can be added by Department using online Signature Authorization update form.

Responsible Person   *Employee ID #*   *Title:*   *Signature:*

_____   _____   _____   _____

Contact Phone Number: _____   Contact Email: _____

Designated Signatories

Name: *Employee ID #*   *Title:*   *Signature:*

*
_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

Document Codes

	Level 1					Final Review
	1 2 3 4 5 6					
	☐ ☐ ☐ ☐ ☐ ☐					☐
	☐ ☐ ☐ ☐ ☐ ☐					☐
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* = Delegate required on all Chartfield Strings - serves as back up for Signature Authorization Update Form approval

Level 1: Designated Signatories for the checked off Document Codes; If Document Codes 1, 2, 3 or 4 are checked off it also means that the Signatory will serve as an approver

Final Review (Level 2): ChartField Strings can be assigned an optional Final Review approver(s) which adds another level of approval authority for electronic work flow routing. If Final Review is selected a backup signatory must be selected to cover when the primary Final Review approver is absent i.e. sick/vacation etc.

Document Codes:
1. Requisitions (LV, CR, IV, SC)
2. Invoice Voucher/Payment Order
3. Travel Authorization Request - TA
4. Expense Report - ER
5. Receiving Report
6. Payroll Authorization - Biweekly Time

URI Foundation (Fund 401 only)   **Approved by:** _____**Date:**_____

Budget & Financial Planning Office or   **Entered by:** _____**Date:** _____
Office of Sponsored Projects (any CFS w/ Project #)

Revised April 2017