Signature Authorization Form

Print Form

Submit completed form to UC Berkeley, Disbursements Office, 2195 Hearst Ave., Room 159, Berkeley CA 94720-1101
If you have questions, contact 643-2199 or disburse@berkeley.edu

◯ ADD a new signator

◯ CHANGE a signator's authority *(in the case of a departmental transfer, please submit a DELETE request for the prior department's authorizations. Do not use CHANGE.)*

◯ DELETE a signator

Section 1: Signator Information

Last Name: _____ First Name: _____ Middle Initial: _____

Employee ID: _____ Processing Unit: _____ Authorization Effective Date: _____

Section 2: Authorization Information

AREAS COVERED UNDER THIS AUTHORIZATION

GL Business Unit	Org Tree Level and Node Name*	Dept ID
*Example: L4 Node IBIBI		
10000 - UCB		
10000 - UCB		
10000 - UCB		
10000 - UCB		
10000 - UCB		
10000 - UCB		
10000 - UCB		
10000 - UCB		
10000 - UCB		
10000 - UCB		

DELEGATIONS

Travel

- ☐ Standard Travel
- ☐ Exceptional Travel (requires Chancellor's approval)
- ☐ CTS

Entertainment

- ☐ Standard Entertainment
- ☐ Exceptional Entertainment (requires Chancellor's approval)

Memberships*

- ☐ Standard Memberships

*all Social memberships are subject to the Chancellor's approval

Payroll

- ☐ Time Reporting Forms & Payroll Expense Transfers

Wire Transfers

- ☐ Wire Transfer Request Form

Section 3: Approvals

Signature specimen as it will appear on University documents

Department contact for signator

Printed Name: _____

E-mail: _____

Phone: _____

Department Head Approval

Printed Name: _____

Signature: _____

Chancellor's Signature if required (Chancellor's approval required for exceptional travel, exceptional entertainment, and social membership)

Printed Name: _____

Signature: _____