

**Northern Kentucky University
Office of the Comptroller
General Agency Account
Signature Authorization**

TO: A/P Specialist **Date:** _____
RE: _____ **Account #:** _____

I/We certify that the signature(s) shown below is/are authorized to approve expenditures for the organization.

Student organizations are required to have a faculty sponsor signature on file.

Organization Administrator:

Signature _____
Title _____
Campus Phone/Address _____
Email Address _____

Organization Administrator:

Signature _____
Title _____
Campus Phone/Address _____
Email Address _____

Faculty Sponsor:

Signature _____
Title Faculty Sponsor _____
Campus Phone/Address _____
Email Address _____

Forms can be returned to the Accounts Payable Office in AC 612, or faxed to x6471.