

Tulane

GL AUTHORIZED SIGNATURE CARD

(NOTE: This form is used only to document signatures in the event that paper forms are required. To gain access to any of the business systems, or to request an approver role, you must complete the appropriate Request for Access form.)

This card is effective from ___/___/___ (DD/MM/YY) (Required)

Organization: _____

TAMS GL Account# _____

Account Description _____

Check One:

_____ New Account, _____ Replacement Card, _____ Additional Signature

Authorized Name (print)	Authorized Signature	Level ** (choose from list)	User ID
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Approved by Resp Person: _____ /___/___ (DD/MM/YY)

Approved by Dept Head: _____ /___/___ (DD/MM/YY)
(if different from Responsible Person)

LEVELS OF AUTHORITY

A: No Limit
B: Payroll Action Forms
C: Purchase Requisitions
D: Interdepartmental Transfers (ITs)
E: Invoices

I: Job Orders
Q: PAF's Student Only
S: Misc (**Please describe)
X: All Levels Except PAFS

** Describe