The University of Southern Mississippi
Request for Signature Authority Change

* INDICATES REQUIRED FIELD

Date: _____

*** USM Box Number:** _____ *** Effective Date of Change:** _____

	Fund	DeptID	Program	Project/Grant #	HR Dept
Budget String					

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Budget String					

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Budget String					

(Attach additional sheets as necessary)

*** Current Signature Authorities** _____ Remove? Y_____ N_____
please print name(s) and empl ID(s)

_____ Remove? Y_____ N_____
please print name(s) and empl ID(s)

*** New Signature Authorities** _____
please print name(s) and empl ID(s)

_____
please print name(s) and empl ID(s)

*** Approval of change:** _____ _____
please print please sign

Mail Completed Form to:
Controller's Office
Box 5143

Prepared by: _____
E-Mail: _____
Phone: _____