



THE UNIVERSITY OF WINNIPEG

MEMO TO: Hilda Malchuk, Financial Services (ext. 9212)

FROM: _____

DATE: _____

AUTHORIZED SIGNATURES

Please amend the list of authorized signatures for:

(i) the operating budgets of _____

(department name and number)

or

(ii) account(s) _____

(account numbers)

	Signature	Name (Please Print)
1. Purchase Order Requisitions/ Invoices / Payment Vouchers	_____	_____
2. Inter-Department Charges	_____	_____
3. Payroll	_____	_____

The individual(s), whose signatures appear above, are authorized by me to sign for the purposes as indicated.

Chair/Dean/Department Head responsible for monthly computer print-outs:

(Name)

(Title)