



**FINANCE AND ADMINISTRATION
AUTHORIZED BUSINESS FUNCTION APPROVALS ONLY**

Complete all sections, obtain necessary signatures, and forward to Procurement Services, Administration Building Room #309.

Please type or print.

Name: _____ Employee PID #: _____

Dept. Name: _____ Phone #: _____

Job Title: _____

Department numbers for which Authorized Business Function is requested	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AUTHORIZATIONS

I, _____, request Official Business Function Authority. I have read Section 20 - Policy and Procedures regarding "Expenses for Authorized Business Functions". I understand those policies and procedures, and I agree to comply with them. I agree that all approved expenditures will be for official University business purposes only, are reasonable and that the activity is appropriate to the account being charged. I understand that in the event of willful or negligent default of this privilege, the University shall take any recovery action deemed appropriate, that is permitted by law.

Signature of Applicant

Date: _____

I request that the above-named individual, an employee of Colorado State University-Pueblo be granted Authorized Business Function authority. I agree to provide appropriate oversight and monitoring of this individual's fiscal activities.

_____	_____	_____
Type or print name of Dean or Dept. Head	Signature of Dean, Director or Dept Head	Date

I grant the above-named applicant to approve expenditures

_____	_____	_____
Type or Print Name of President or Provost or Vice President Signature	President or Provost or Vice President Signature	Date

For Finance and Administration Use Only

Approved By:

_____	_____	_____	_____
Entered into KFS by	Date	Controller, Business & Financial Services	Date

Document ID #