



CHANGE IN SIGNING AUTHORITY, MAIL DISTRIBUTION & VIP REPORTING ACCESS

Any changes required for FOP or FA combinations must have the approval of the primary signing authority. Please complete only the sections and lines below that apply.

FOP / FA #: OR Description of Mass Change:

E.g. All operating funds in Organization 3xxxxx

Changes Authorized by Primary Signing Authority:

Primary Signing Authority Print Name Employee # Signature
New PS:
Remove PS:
Effective Date:
Hard Copy Reports Required: Y N (note: all grant primary signing authorities will receive hard copy reports)

Alternate Signing Authority Print Name Employee # Signature
New AS:
New AS:
Remove AS:
Effective Date:

Payroll Mail Authority Print Name Employee #
New PM:
Remove PM:
Effective Date:

VIP Report Access Print Name Employee #
New VR:
New VR:
Remove VR:
Effective Date:

Approval of Primary Signing Authority:

Print Name Signature Date