



SIGNING AUTHORITY, MAIL DISTRIBUTION & VIP REPORTING ACCESS

The following information is required upon activation of a new Fund. This form is valid for the period of the FOP, FA or award. Changes to alternate signing authorities should be made on the Change in Signing Authority form.

FOP / FA #: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

Primary Signing Authority (PS):

\_\_\_\_\_  
Print Name Signature Date

Authorization for the Following:

Alternate Signing Authority (AS)

Include the faculty Dean, Department Head and/or Unit Director if applicable. Provide name, employee # and signature.

Print Name Employee # Signature
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payroll Mail Authority (PM)

Print Name Employee #
\_\_\_\_\_  
\_\_\_\_\_

VIP Reporting Authority (VR)

Print Name Employee #
\_\_\_\_\_  
\_\_\_\_\_

Extra Copy of / Access to Monthly Reports (XC)

Print Name Employee #
\_\_\_\_\_  
\_\_\_\_\_

Please list any matching grant FOPs: \_\_\_\_\_

Comments:
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax or mail completed form to Budgets and Grants Fort Garry Campus: 404 Administration Bldg., 474-7504
540 Machray Hall, 474-7517
Bannatyne Campus: P001 Pathology Bldg., 789-3935

For grant funds only (3XXXXX), please provide a copy to your Dean or Department Head. Thank you.