



**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
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**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 #
_____	_____
_____	_____
_____	_____

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

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