PeopleSoft Cost Center Authorized Signature List

Document Distribution Date: _____

As of: _____

By signing below, I hereby certify that I have been authorized to serve as certifying signatory and acknowledge my responsibilities as defined by University policy PS 05.A.02. I further acknowledge that I have read and understand the PS and I agree to assume this signatory responsibility.

Dept.	Dept. Name	Name	Title	Signature/Initials
		Level 1		
		Level 2		
		Level 3		
		Level 4		
		Level 5		

It is the responsibility of each college/division to update and deliver this list as changes occur during the year. It is also the responsibility of the department to provide a new list on September 1of each fiscal year as outlined in PS 05.A.02.