

## BUSINESS AND FINANCIAL SERVICES Authorized Business Function Approvals Only

## Upon completion of the form, email to bfs\_kfs\_applications@colostate.edu

Name:		NETID:	
Job Title:		<del></del>	
Home Dept Name:		Home Dept #:	
Campus Address:		Phone #:	
Name & Phone # of Person Completin	g Form:		
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Donartment num	hore for which A	uthorized Business Function is requested	
Department num	Ders for which A	uthorized Business Function is requested	
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		AUTHORIZATIONS	
I,		rized Business Function signature authority. I have read	
-		enses for Authorized Business Functions.	<b>.cc</b> . : . 1
·		oly with them. I agree that all approved expenditures will be fo activity is appropriate to the account being charged.	r oπiciai
		privilege, the University shall take any recovery	
action deemed appropriate, that is permitted b	-		
Signature of Applicant		Date	
		ado State University be granted Authorized Business Functio	n authority.
I agree to provide appropriate oversight and m	nonitoring of this inc	dividual's fiscal activities.	
Type or print name of Director or Dept. Head		Signature of Director or Dept. Head	Date
I grant the above-named applicant authority to	approve expendit	- · · · · · · · · · · · · · · · · · · ·	Date
· gram and above manned approam dament, to	арриото одрожан		
Type or Print Name of Dean or Vice President		Dean or Vice President's Signature	Date
Additional Approval: If applicant's position i	s below the Assis	stant or Associate VP, Assistant or Associate Dean,	
Executive Director, the Chief of Staff's signa	ture is required, e	email to PresOfc_Signatures@colostate.edu.	
Chief of Staff, President's Office		Date	
For Business and Financial Services Use Only	/		
Approved By:			
Entered into Database by	Date	Executive Director, Business & Financial Services	Date