



Department of Finance & Management
VISION Security Signature Authority
Form

E-Mail: Fin.VisionSecurity@vermont.gov
 Phone: (802) 828-6700 Option 2, Option 2
 Fax: (802) 828-2434

VISION Expense module user's in the Expense Coordinator role will need **Signature Authority** access. This form must be signed by the department's Appointing Authority and submitted to FIN.VisionSecurity@vermont.gov.

*For this certification, **Appointing Authority** refers to elected officials, agency secretaries, department commissioners and their deputies, or, heads of branches, divisions, boards, and commissions not reporting to a department commissioner. Please refer to Bulletin 3.3 for more information.*

GL Business Unit: _____

 Expense Coordinator Name (please type)

 Employee ID

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 Employee ID

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 Employee ID

 Expense Coordinator Name (please type)

 Employee ID

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 Employee ID

 Expense Coordinator Name (please type)

 Employee ID

 Expense Coordinator Name (please type)

 Employee ID

 Appointing Authority Name (**please type**)

 Appointing Authority Signature

 Date