Department of Finance & Management
VISION Module Security Signature Authority

*Please complete this form and attach it to your VISION Module Security Request Form if the User needs access to a VISION procedure that requires a Delegation of Authority Signature.

Employee Name: _____

Employee #: _____ Email Address: _____

Requestor Name: _____ GL Business Unit: _____

Signature Authority (Refer to Bulletin 3.3)

Requisition Approval:	☐	G/L Journal Approval:	☐
Contract Approval	☐	Supplier Add Request Form:	☐
Purchase Order Approval:	☐	Supplier Update Request Form:	☐
Accounts Payable Approval:	☐	Chartfield Request Form:	☐
Direct Journal Approval:	☐	VISION Module Security Request Form:	☐

Appointing Authority Signature: _____ Date: _____

The selections on this form should match the selections made on the VISION Module Security Form