



# New Mexico State University Controller's Office Signature Authority

**Section: 1 (Must be completed) REQUESTOR INFORMATION**

Date (mm/dd/yyyy): \_\_\_\_\_ Requestor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Department \_\_\_\_\_ e-mail Address: \_\_\_\_\_ Campus Box: \_\_\_\_\_

Designee changes:

The Individual(s) whose signatures appear below are authorized to approve all transactions for the systems indicated, on my behalf, for:

Organization \_\_\_\_\_

Designees:

Effective Date	Name & Title	System	Employee ID	User ID	Action	Signature

Notes/Limitations:

Signature Authority Changes:

The signature authority, for Organization \_\_\_\_\_ has changed:

From: \_\_\_\_\_ To: \_\_\_\_\_ Banner ID: \_\_\_\_\_  
 Effective: \_\_\_\_\_

**Section 2: (Must be completed) Approval**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Dean/VP/CC President

**Section 3: Central Office Approval**

Controller: Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 HR Services Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_