

Office Use Only Examined by: _____ Date: _____

Tax Levy – Signature Card



2015

The City College of New York

CUNYfirst Department Number _____

Department Name _____

Location _____

Date _____

This serves to authorize _____
(Please print name **AND** title of designee)

to act as my designee in signing: Invoices/Receipts Packing Slips and/or other documentation supporting receipt of goods/services

for the following CUNYfirst OTPS Accounts [check the appropriate account(s)]:

Account Description	Account
<input type="checkbox"/> NPS Supplies and Materials	80120
<input type="checkbox"/> NPS Travel	80121
<input type="checkbox"/> NPS Misc Contractual Services	80122
<input type="checkbox"/> NPS Equipment Acquisitions	80123
<input type="checkbox"/> Fringe Benefits	80124

Designee Name _____

Designee Signature _____

Designee's e-mail _____

Designee's Phone# _____

Supervisor's Name _____

Supervisor's Signature _____

Supervisor's Title _____

(Supervisors must be Department Chair, Department Director or higher. Designees **CANNOT** approve their own signature card.)

Please return completed cards to the Purchasing Office, Wingate Hall Room 112