



ASI DEPARTMENT SIGNATURE FORM

ASSOCIATED STUDENTS, INCORPORATED
CAL POLY POMONA

Please type, except where signatures are requested

ACCOUNT INFORMATION

Department Name: _____

List all Account Codes Below

FINANCIAL ACCESS ONLY

The employee(s) listed below will have Financial Access Only. Financial Access includes access to financial statements and the ability to pick up checks for the department only.

Type Name	Signature	Title	Date

AUTHORIZED SIGNERS

The individuals listed below have Financial Access and Signatory Approval.

Type Name	Signature	Title	Date

AUTHORIZED BY DEPARTMENT HEAD

I authorize the above named employees to have Financial Access and approve the authorized signers.

Print Name _____ Signature _____
 Title _____ Date _____

Note: It is the responsibility of each department to submit new forms for any deletions or updates.