

**DEPARTMENT OF ACCOUNTS**

**FAACS Authorized Signatures**

**Form: FAACS-S3**

**Agency Number** \_\_\_\_\_ **Agency Name** \_\_\_\_\_  
**Date** \_\_\_\_\_ **FAACS Security Officer** \_\_\_\_\_

*The following person(s) either are authorized or have been delegated authority by the agency head to sign Lease Accounting System (LAS) transactions and/or release transactions into the Fixed Asset Accounting and Control System (FAACS).*

Authorized Person *(Please Print)* \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
Check any that apply:      FAACS       LAS

Authorized Person *(Please Print)* \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
Check any that apply:      FAACS       LAS

**Mail Form to: Fixed Assets and Indirect Costs**  
**Department of Accounts**  
**P.O. Box 1971**  
**Richmond, Virginia 23218-1971**

**(Please use the continuation, if more than two (2) authorized persons.)**

**DEPARTMENT OF ACCOUNTS**

**FAACS Authorized Signatures**

**Form: FAACS-S3**

Authorized Person *(Please Print)*

\_\_\_\_\_

Signature:

\_\_\_\_\_

Title:

\_\_\_\_\_

Check any that apply:

FAACS       LAS

Authorized Person *(Please Print)*

\_\_\_\_\_

Signature:

\_\_\_\_\_

Title:

\_\_\_\_\_

Check any that apply:

FAACS       LAS

Authorized Person *(Please Print)*

\_\_\_\_\_

Signature:

\_\_\_\_\_

Title:

\_\_\_\_\_

Check any that apply:

FAACS       LAS

Authorized Person *(Please Print)*

\_\_\_\_\_

Signature:

\_\_\_\_\_

Title:

\_\_\_\_\_

Check any that apply:

FAACS       LAS

Authorized Person *(Please Print)*

\_\_\_\_\_

Signature:

\_\_\_\_\_

Title:

\_\_\_\_\_

Check any that apply:

FAACS       LAS

Authorized Person *(Please Print)*

\_\_\_\_\_

Signature:

\_\_\_\_\_

Title:

\_\_\_\_\_

Check any that apply:

FAACS       LAS