

**DEPARTMENT OF ACCOUNTS**

**LAS Authorized Signatures**

**Form: LAS-S3**

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

*The following person(s) either are authorized or have been delegated authority by the agency head to enter/release transactions into the Lease Accounting System (LAS). Furthermore, this is to certify that these individual(s) have been properly trained in the use of the Lease Accounting System.*

Authorized Person *(Please Print)* \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

Authorized Person *(Please Print)* \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

Authorized Person *(Please Print)* \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

Authorized Person *(Please Print)* \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

**Please forward to:**

**Department of Accounts  
Fixed Asset/Lease Section  
P.O. Box 1971  
Richmond, VA 23218-1971**

**(Please use the continuation page if more than two (4) authorized persons.)**

**DEPARTMENT OF ACCOUNTS**  
**LAS Authorized Signatures (continuation page)**

**Form: LAS-S3**

Authorized Person *(Please Print)*

Signature:

Title:

Authorized Person *(Please Print)*

Signature:

Title: