|  |  |
| --- | --- |
|  | **Agency Signature Authorization for Vendor Maintenance** |
|  |
| Business Unit ID *(5 digits)*: |  | Business Unit Name: |  |
|  |
|  | Add New Requestor |  | Remove Existing Requestor *(Authorizer signature not required)* |  |
| 1 |  |  |  |
|  | Name, Email Address | Signature |  |
|  |
|  | Add New Requestor |  | Remove Existing Requestor *(Authorizer signature not required)* |  |
| 2 |   |  |  |
|  | Name, Email Address | Signature |  |
|  |
|  | Add New Requestor |  | Remove Existing Requestor *(Authorizer signature not required)* |  |
| 3 |  |  |  |
|  | Name, Email Address | Signature |  |
|  |
|  | Add New Approver |  | Remove Existing Approver *(Authorizer signature not required)* |  |
| 4 |  |  |  |
|  | Name, Email Address | Signature |  |
|  |
|  | Add New Approver |  | Remove Existing Approver *(Authorizer signature not required)* |  |
| 5 |  |  |  |
|  | Name, Email Address | Signature |  |
|  |
|  | Add New Approver |  | Remove Existing Approver *(Authorizer signature not required)* |  |
| 6 |  |  |  |
|  | Name, Email Address | Signature |  |
|  |
| **Certification / Approval** |
| *As Fiscal Officer or Designee, I grant permission to the above individual(s) to request updates and/or changes to any vendor information in Cardinal, on behalf of the named agency.* |
|  |  |  |  |  |
| Fiscal Officer or Designee | Signature | Date |
|  |
| *Note: If designee signs, a delegation of signing authority must be on file with Department of Accounts. This form only authorizes requests for changes to vendor records in Cardinal.* |