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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **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.* | | | | | | | | | | | | | | | | | |