

DEPARTMENT OF ACCOUNTS
FAACS Authorized Signatures

Form: FAACS-S3

Agency Number: _____ Agency Name: _____

Phone Number: _____ FAX Number: _____

Date: _____ FAACS Security Officer (Print-sign below): _____

*The following person(s) are either authorized or have been delegated authority by the agency head to **release** transactions into the Fixed Asset Accounting and Control System (FAACS) and have been properly trained in the use of FAACS.*

Authorized Person:
(Please Print) _____

Signature: _____

Title: _____

Email Address: _____

Authorized Person:
(Please Print) _____

Signature: _____

Title: _____

Email Address: _____

Authorized Person:
(Please Print) _____

Signature: _____

Title: _____

Email Address: _____

Authorized Person:
(Please Print) _____

Signature: _____

Title: _____

Email Address: _____

Please Return To:	Department of Accounts	Department of Accounts
	Financial Reporting	Financial Reporting
	101 N. 14th Street, 3rd Fl	P. O. Box 1971
	Richmond, Virginia 23219	Richmond, Virginia 23218-1971

(Please make another copy if there are more than four (4) authorized persons.)