The following person(s) are either authorized or have been delegated authority by the agency head to enter/update transactions into the Lease Accounting System (LAS 87). 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: 
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 Forward To:  
Department of Accounts  
Financial Reporting  
P.O. Box 1971  
Richmond, VA 23218-1971

Or Email To:  
LAS@DOA.VIRGINIA.GOV

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