

DEPARTMENT OF ACCOUNTS

LAS 87 Authorized Signatures

Form: LAS 87-S3

Agency Number: _____ Agency Name: _____

Phone Number: _____ FAX Number: _____

Date: _____ LAS 87 Security Officer (Print-sign below): _____

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.)