

DEPARTMENT OF ACCOUNTS

LAS Authorized Signatures

Form: LAS-S3

Agency Number: _____ Agency Name: _____

Phone Number: _____ FAX Number: _____

Date: _____ LAS 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). 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**

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