

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.)**