**DEPARTMENT OF ACCOUNTS**

**LAS Plus Authorized Signatures**

**Form: LAS Plus-S3**

Agency Number: Agency Name:

Phone Number: FAX Number:

Date: LAS Plus 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 Plus). 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**](mailto:LAS@DOA.VIRGINIA.GOV)

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