

## Medical College of Georgia Authorized Signature Form

<b>Department:</b>	<b>Bldg./Rm#:</b>
<b>Contact:</b>	<b>Phone #:</b>

Fund	Department	Program	Class	Project	Authorized Employee Signature(s)

Approval Signature(s)	Title	Date

**\* All authorized signature additions or deletions must be approved by Department Head.**  
 Once approved, return completed form to: Financial Services Division, Accounting Supervisor, HS B165