

## **Departmental Fund Authorization for Printing Charges**

## **COMPUTING CENTER**

It is our policy that anyone wishing to charge print jobs to a departmental account must have authorization from one of the following: Chair, Dean, or Business Manager of that department. We require that this form be filled out in its entirety and signed by the appropriate authority before printing.

Name (you may list more than one)		
Email		
Specific Print Jobs (size, format, a	nd content)	
Dates for use (one time or until)		
REQUIRED SIGNATURES		
I hereby grant the named pers account listed on this form.	on(s) permission to charge these print jobs to the department	al
Authorized Signature Name (p	int)	_
Chair Dean Business	Manager Director	
Position (circle one)	Email	_
Phone	Department Name	_
(Required)Oper Unit/Dept/ Fund N	umber/ Class (Optional) BUS Unit/Project/Activity/ AN Type	=