



Send to: Purchasing
MSN: 3C5
Tel: 3-2580; Fax: 3-2589

Signature Card

Date Effective: _____ **Fund/Org#:** _____

Fund/Org Name: _____

Responsible Person: _____

Signature: _____

Net ID: _____

Select One:

_____ **Replace previous card on file**

_____ **Keep existing card and add additional employee/s below:**

To keep the existing card but to delete one or more people, the responsible person should email purchap@gmu.edu

The employee named above is authorized to incur obligations and/or approve disbursements against fund/org indicated, in addition to the following individuals with delegated authority. **PLEASE PRINT.**

1. Name _____
Net ID _____
Title _____
Signature _____

3. Name _____
Net ID _____
Title _____
Signature _____

2. Name _____
Net ID _____
Title _____
Signature _____

4. Name _____
Net ID _____
Title _____
Signature _____

Net ID is Mason e-mail address without @gmu.edu.

Note: Signature cards are subject to annual renewal.

July 2014