

**TEXAS A & M UNIVERSITY-CORPUS CHRISTI
DEPARTMENT SIGNATURE CARD**

Date: _____ Department Name: _____ Famis Department Code: _____

Authority to Commit Funds: The Department Signature Card designates individuals with direct authority and related responsibility to commit funds for a particular department. The Department Head/Dean has the authority to sign all financial documentation related to his/her department and to delegate authority to other individuals (business coordinators, assistant directors, directors, department chairs, associate/assistant deans, deans, associate/assistant vice presidents). The Department Signature Card is the Department Head's authorization of such delegation. A new signature card signed by all authorized persons will be required each time a change (add or delete) occurs. **The Department is responsible for updating the Department Signature Card and forwarding to FAMIS Security when approval changes occur.**

As Department Head, I authorize the individuals signing below to have direct authority and related responsibility to commit funds for my department. The areas in which they are authorized are indicated in the checkboxes below. Each person understands that they will be required to complete the Guidelines for Disbursement of Funds training prior to committing funds.

Each Department will need to decide if the Names below will be a **Primary Signature(P)** or will serve as a **Substitute(S)** for the Primary Signer. Signer must have active FAMIS/ Canopy access and provide their FAMIS ID as indicated below. For IslanderBuy, choose **(Y)** if Approver or **(N)** if not an Approver. **If additional space is needed, please use the second page.**

----- (Check boxes below as appropriate) -----

Name/Job Title Must include the Department Head	Signer FAMIS/Canopy ID (xxxx15p)	Signature	Islanderbuy Purchasing	Payroll	Budget (DBR)	FAMIS (DCR)

Will the Responsible Person listed on the current departmental accounts need to be changed? Yes No. If yes, please provide us a UIN for the responsible person _____

LEGEND:

FAMIS/Purchasing: Requisitions and E's; DCR's.

Payroll: E** documents

Budget: DBR's

Department Head Printed Name/Job Title

For internal use:

ISLANDERBUY

FAMIS

Department Head Signature

PLEASE FORWARD COMPLETED SIGNATURE CARD TO FAMISSECURITYTAMUCC@TAMU.EDU FOR PROCESSING. (Updated: 01/31/24)

