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

**Date:** _____________________    **Department Name:**______________________________  
**Famis 4 digit 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 Accounting Services 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 service as a **Substitute (S)** for the Primary Signer. Signer’s must have active Famis/Canopy access and provide their Famis ID as indicated below.

<table>
<thead>
<tr>
<th>Name/Job Title</th>
<th>Signer’s Famis/Canopy ID (XXXX15P)</th>
<th>Signature</th>
<th>FAMIS Purchasing/Account Maintenance Indicate P or S</th>
<th>Manual Payments Indicate P or S</th>
<th>Payroll Indicate P or S</th>
<th>Budget Indicate P or S</th>
</tr>
</thead>
</table>

**LEGEND:**

FAMIS Purchasing: Requisitions, L’s, E’s, and P’s; DCR’s  
Manual Payments: Voucher Creates, Petty Cash Forms, Travel Vouchers  
Payroll: EPA documents  
Budget: DBR’s

**Department Head Printed Name /Job Title**

**Department Head Signature**

**PLEASE FORWARD COMPLETED SIGNATURE CARD TO ACCOUNTING SERVICES (UNIT 5737) FOR PROCESSING.**