Fashion Institute of Technology
Seventh Avenue at 27 Street
New York City 10001-5992
www.fitnyc.edu

Purchasing Department
236 West 27 Street, Room 5N
New York, NY 10001
Purchasing Dept. Tel. 212-217-3630
Purchasing Dept. Fax 212-217-3631

Signature Authorization For Purchase Requisitions in Workflow

(Submit completed form to Purchasing Office, 236 W 27 St, 5th Floor)

Employee Information:

Employee Name: _____ Department: _____

Phone Extension: _____ E-Mail Address: _____

Signature Type:

a) New _____ **b)** Replacement _____ for_____

c) Remove _____ **d)** Backup Approver _____

Department Number: _____

Cost Centers: _____

Note: Users will be given signing authority to their department, this includes all cost centers within each department unless specified.

Dollar Amount for approval:

Up to $500 _____ Up to $1,000 _____ Up to $5,000 _____ Up to $10,000 _____

Up to $25,000 _____ Up to $50,000 _____ Over $50,000 _____

Signature Sample of Employee: _____

Departmental Approval (Supervisor):

I hereby authorize the employee above to sign purchase requisitions for the cost centers and dollar amounts noted on this form.

Signature:

Supervisor Name: _____ E-mail Address: _____

Date: _____ Phone Extension: _____

Purchasing Authorization:

Dr. Robert E. Otto, Purchasing Director

Signature: _____ Date: _____

To be completed by System Administrator

Access Granted:

System Administrator Signature: _____ *Date:* _____

Revised Sept. 2012