**THE UNIVERSITY OF MANCHESTER - AUTHORISED SIGNATORY FORM** (Please complete in BLOCK CAPITALS)

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| To be completed by the Head of School Finance |

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| **Spot:** | **Forename(s):** | | **Surname** | |
| **New/Delete/Amend (Please indicate)** | **Faculty** | **School** | **Email** | |
| **Does this form supersede all previous access granted Y / N** |
|  | **Forms** | **Timesheets** | **Over £5K** | **Over £25k Procurement Only** |
| **Tick if permitted** |  |  |  |  |

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| Authority to the following Level 4 Business Area   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |   The reason for adding this person to the University Authorised Signatory list is:   * To replace an existing signatory (Name:....................................... This signature will be deleted from the list) * Or other reason (please specify)………………………………………………………………………………………………... * If there is to be an end date please indicate here \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/20\_\_\_\_ |
| **Signed:** Head of School Finance **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **New** Authorised Signatory: Specimen Signature (**Black ink please**) |

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| **For new Signatory Only**: I hereby delegate to the above named member of University Staff authority to commit expenditure against the School Account Codes as noted above. All expenditure will be in accordance with the University Financial Regulations and Procedures. **These are available on the website at:** [Financial Procedures (The University of Manchester)](http://documents.manchester.ac.uk/DocuInfo.aspx?DocID=1742)  **Signed:** Head of School, Directorate, Institute or Cultural Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Authorisation access will be granted upon completion of on-line training module by new signatory

Please return the completed form to Finance Helpdesk, John Owens G.017**.** If you wish to be notified once your request is complete, please enter an email address here - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Checklist - For Finance Helpdesk use only** | Initial and Date | |
| SPOT number checked / Codes Valid |  |  |
| HOS, Directorate, Institute or Cultural Inst Signature |  | |
| Training email sent (if applicable) |  | |
| Training completed |  | |
| Form Processed |  | |