

# SAMPLE SIGNATURE FORM

## PURPOSE:

This form is used to collect sample signatures of authorized signing authorities and will be used to verify the signature on any University expenditure form.

## INSTRUCTIONS:

Please complete using a dark coloured pen.

1. Print this document.
2. Write the following in the spaces provided below:
  - a. Carleton University Employee ID Number
  - b. Sign your name
  - c. Print your name
  - d. The name of your department
  - e. Your building and room number
  - f. Your university phone extension (If you do not have a Carleton university phone number please provide us with an alternate number)
3. Forward the completed form to the Business Office, 301 Robertson Hall.

Carleton University Employee # (General Person #)

Sign your name (as it would appear on all documents)

Print your name

Department

Room Number and Building

Phone Number

If you have any questions regarding the use or completion of this form, please contact Accounting Services at 613-520-3631.

*The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.*