

Statement of Authorization for Financial Approval

Name of Authorized Person:

Position/Title:

Department/Unit:

Scope of Authorization:

Authorized Amount Limit (if applicable):

Effective Date:

Expiration Date (if any):

Statement:

I hereby authorize the above-named individual to approve financial transactions on behalf of the organization as described above, in accordance with the company's policies and procedures.

Authorized Person's Signature & Date

Approving Officer's Signature & Date