

# 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