BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY
SIGNING AUTHORITY
FOR
PROFESSIONAL DEVELOPMENT GROUP

To: Director of Financial Services Department

Date: _____

Department: _____

Fund Code: _____

Org. Code: _____

Authorized Signing Person for P.D. Group (or individual)

Name: _____

Specimen signature:_____

Alternate Signing Person for P.D. Group

Name: _____

Specimen signature: _____

Group Members (Signature acknowledges membership and authorizes signing person(s) to sign for payments.)

Name (print)	Signature	Step 12 at April 1st.		%FTE (term of appt)	Transferred from P.D. Pool cc	Bal. of funds transferred
		Yes	No			