



BUSINESS SERVICES Authorization to Pick-up Checks

Date:

Department:

FY 2019-20

I _____ authorize the person(s) listed below to pick up
(employee name)
reimbursement checks from the Business Office on my behalf:

Person(s) authorized to pick up checks:

Employee name:

Employee signature:

Any changes to this authorization form will require a new form to be completed.
The requesting employee may also make changes directly on the original form and initial the changes.