

## *Account Manager Signature Authorization Procedure*

### **Purpose**

The Office of Business Services, Accounts Payable Department maintains a **Signature Manual** and **Account Manager Budgetary Authority list**, which indicates all individuals that have the authority to sign payment documents.

Signature approving a financial expenditure also confirms that the expenditure is reasonable, appropriate to the account and in compliance with the college's and/or funding source regulations.

### **Procedure**

Before budgeted funds can be expended, a record of the signatures of those authorized to originate and approve departmental fiscal transactions must be provided to the Accounts Payable Department on *the **Account Manager Maintenance Form***. Departments can delegate signature authority to primary and secondary budgetary account managers. Such delegations are kept on file by the Accounts Payable department, reviewed periodically, and canceled upon request by departments. A separate ***Account Manager Maintenance Form*** must be on file for each individual to whom approval authority for expenditures has been delegated. An updated form must be sent to Accounts Payable immediately upon any departmental changes of authority.

Please notify the Office of Business Services, Accounts Payable Office, of any of the following **changes**:

- Authorized account managers (additions, deletions, and departmental or individual name changes).
- Account manager signing authority.
- Account manager authorized budget account numbers.

by e-mail at [accountspayable@montgomerycollege.edu](mailto:accountspayable@montgomerycollege.edu) or by submitting the attached form (**see page 2**) to the Accounts Payable department located at:

Montgomery College, Accounts Payable Office  
900 Hungerford Drive, Rockville, MD 20850  
Phone: 240-567-5336/5312 Fax: 301-545-0539  
Hours of Operation: Monday - Friday: 8:30am - 5:00pm



**MONTGOMERY COLLEGE**  
Office of Business Services

**ACCOUNT MANAGER MAINTENANCE FORM**

Please print this form, complete, and return it to the Accounts Payable Office, Mannakee Building, Room 230, Rockville Campus. Please supply the signature of the Primary Account Manager and any requested Secondary Account Manager signatures (each request for Secondary must have the Primary's signature; use one form per additional signatory). If you have any questions, please e-mail [accountspayable@montgomerycollege.edu](mailto:accountspayable@montgomerycollege.edu) or call 240-567-5337 or 240-567-5336.

- |   |   |
|---|---|
| <input type="checkbox"/> Current Account Manager      | <input type="checkbox"/> Change Departmental or Individual Name |
| <input type="checkbox"/> Add Account Manager          | From: _____   |
| <input type="checkbox"/> Remove Account Manager       | To: _____   |
| <input type="checkbox"/> Add Budget Account Number    | <input type="checkbox"/> Change Account Manager Status:         |
| <input type="checkbox"/> Delete Budget Account Number | __ to Primary __ to Secondary                                   |

**DATE OF REQUEST:** \_\_\_\_\_

**DEPARTMENT NAME:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**DEPARTMENT NAME:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**DEPARTMENT NAME:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**PRIMARY ACCOUNT MANAGER:**

\_\_\_\_\_  
Name (**print**)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CAMPUS ADDRESS:** \_\_\_\_\_

Building, Room Number, Campus

**ACCOUNT MANAGER: Check Status:**  Primary  Secondary

\_\_\_\_\_  
Name (**print**)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CAMPUS ADDRESS:** \_\_\_\_\_

Building, Room Number, Campus