



DEPARTMENT SIGNATORY FORM

2018 GUILD STUDENT REPRESENTATIVES

Department Name

| | | |
|------------|----------------------|------------------|
| Name | <input type="text"/> | |
| Position | <input type="text"/> | |
| Student ID | <input type="text"/> | Signature |
| Phone | <input type="text"/> | |

| | | |
|------------|----------------------|------------------|
| Name | <input type="text"/> | |
| Position | <input type="text"/> | |
| Student ID | <input type="text"/> | Signature |
| Phone | <input type="text"/> | |

| | | |
|------------|----------------------|------------------|
| Name | <input type="text"/> | |
| Position | <input type="text"/> | |
| Student ID | <input type="text"/> | Signature |
| Phone | <input type="text"/> | |

| | | |
|------------|----------------------|------------------|
| Name | <input type="text"/> | |
| Position | <input type="text"/> | |
| Student ID | <input type="text"/> | Signature |
| Phone | <input type="text"/> | |

| | | |
|------------|----------------------|------------------|
| Name | <input type="text"/> | |
| Position | <input type="text"/> | |
| Student ID | <input type="text"/> | Signature |
| Phone | <input type="text"/> | |

See overleaf for approvals required.

| |
|------------------------|
| Office Use Only |
|------------------------|

Name

| |
|--|
| |
|--|

Position

| |
|--|
| |
|--|

Student ID

| |
|--|
| |
|--|

Phone

| |
|--|
| |
|--|

Signature

| |
|--|
| |
|--|

Name

| |
|--|
| |
|--|

Position

| |
|--|
| |
|--|

Student ID

| |
|--|
| |
|--|

Phone

| |
|--|
| |
|--|

Signature

| |
|--|
| |
|--|

Name

| |
|--|
| |
|--|

Position

| |
|--|
| |
|--|

Student ID

| |
|--|
| |
|--|

Phone

| |
|--|
| |
|--|

Signature

| |
|--|
| |
|--|

Name

| |
|--|
| |
|--|

Position

| |
|--|
| |
|--|

Student ID

| |
|--|
| |
|--|

Phone

| |
|--|
| |
|--|

Signature

| |
|--|
| |
|--|

This form entitles the signatory to request the Department's Financial Reports, details on financial transactions, authorise reimbursements, invoices etc to be charged to the Department's cost centre. The Head of the Department can detail below any exceptions, restrictions, additional rights that signatories on this form may have.

Comments:

| |
|--|
| |
|--|

This form must be signed by the 2018 Guild President:

Name

| |
|--|
| |
|--|

Position

| |
|--|
| |
|--|

Signature

| |
|--|
| |
|--|

Date

| |
|--|
| |
|--|

| |
|--|
| |
|--|