

Letter of Authorization Signature List for CAPPS Financials, USAS, Business Objects Data Changes

| | |
|-------------|---------------|
| Agency name | Agency number |
|-------------|---------------|

| | | |
|------------------|-----------------------|-----------------------|
| Employee name | ACID or CAPPS User ID | Employee phone number |
| Email address | | |
| Division | Effective date | |
| sign here | | |

| | | |
|------------------|-----------------------|-----------------------|
| Employee name | ACID or CAPPS User ID | Employee phone number |
| Email address | | |
| Division | Effective date | |
| sign here | | |

| | | |
|------------------|-----------------------|-----------------------|
| Employee name | ACID or CAPPS User ID | Employee phone number |
| Email address | | |
| Division | Effective date | |
| sign here | | |

| | | |
|------------------|-----------------------|-----------------------|
| Employee name | ACID or CAPPS User ID | Employee phone number |
| Email address | | |
| Division | Effective date | |
| sign here | | |

| | | |
|------------------|-----------------------|-----------------------|
| Employee name | ACID or CAPPS User ID | Employee phone number |
| Email address | | |
| Division | Effective date | |
| sign here | | |

| | | |
|------------------|-----------------------|-----------------------|
| Employee name | ACID or CAPPS User ID | Employee phone number |
| Email address | | |
| Division | Effective date | |
| sign here | | |

| | | |
|---|-----------------------|------|
| The above employees are hereby authorized to submit letters of authorization for data changes. | | |
| sign here Authorized by: | ACID or CAPPS User ID | Date |