

VSU Financial Services
Expense Authorized User Form

I authorize _____ to serve as an Authorized User for PeopleSoft Expense transactions on my behalf. The user indicated above is an individual in a direct reporting relationship to me. I understand that I retain responsibility for all PeopleSoft transactions created by the delegate.

Printed Name:

Signature:

Date:

Print name, sign, and email if available or fax at 229-333-7408 back to PeopleSoft Security Admin