

Approved Authority for Change Order Requests

Texas A&M University – GSC, Suite 2801
(Updated 4/04)

APPROVAL AUTHORITY

The signers below are authorized to sign on Change Order Request forms for the department listed below. I understand my department's internal cash controls and that a deposit must be made within 24 hours in the same amount as any Change Order Request form submitted.

Department: _____

Typed Name: _____

#1 X _____
Signature

Title: _____

Typed Name: _____

#2 X _____
Signature

Title: _____

Typed Name: _____

#3 X _____
Signature

Title: _____

Typed Name: _____

#4 X _____
Signature

Title: _____

APPROVAL OF DEPARTMENT & BUSINESS OFFICER

After reviewing this form's instructions, I certify that those authorized above may sign and authorize change order requests for the department.

Signature of Department Head/Director:

Date:

#1 X _____

Signature of Business Officer (If Academic Department):

Date:

#2 X _____
