

# SIGNATURE AUTHORITY AUTHORIZATION

## NON-CAPITAL GOODS And SERVICES

### AFFILIATE (Check One)

- Broadway Medical Management Corp (0174)
- JH Bayview Medical Center Acute Hospital (0130)
- JH Bayview Medical Center Grant Program (0131)
- JH Bayview Medical Center Geriatric Ctr (0135)
- JH Bayview Medical Center "D" Building (0137)
- JH Central Heart Center (0186)
- JH Health System (0160)
- JH Healthcare, LLC (0182)
- JH Hospital (0101)
- JH Imaging (0185)
- JH Medical Service Corporation (0122)
- Intrastaff (0170)
- Ophthalmology Associates (0181)
- Suburban Health Center (0173)
- \_\_\_\_\_

PLEASE PRINT or TYPE THE REQUESTED INFORMATION (Except Signatures). Submit completed form to JHHS Accounts Payable Manager; Accounts Payable Department; 5300 Alpha Commons Building; 4th Floor; Bayview Campus.

FUNCTIONAL UNIT/DEPARTMENT # \_\_\_\_\_ F.U./DEPARTMENT NAME: \_\_\_\_\_

### AUTHORIZED SIGNOR #1

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

- PERMANENT
- TEMPORARY (From \_\_\_\_\_ To \_\_\_\_\_)  
Four (4) Weeks Maximum; REPLACES:

### AUTHORIZED SIGNOR #2

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

- PERMANENT
- TEMPORARY (From \_\_\_\_\_ To \_\_\_\_\_)  
Four (4) Weeks Maximum; REPLACES:

### AUTHORIZED SIGNOR #3

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

- PERMANENT
- TEMPORARY (From \_\_\_\_\_ To \_\_\_\_\_)  
Four (4) Weeks Maximum; REPLACES:

### APPROVED BY

FUNCTIONAL UNIT/DEPARTMENT VICE PRESIDENT:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date (Must Be Reviewed Annually)