

Healthcare Materials Management Services

SIGNING AUTHORIZATION FOR GOODS & SERVICES

(PLEASE PRINT CLEARLY)

LHSC

SJHC

HMMS

DATE:

DEPARTMENT NAME:

Print

COST CENTRE CODE:

Include Business Unit & Department Name (one per form)

COST CENTRE MGR:

Print Name

Signature

OTHERS AUTHORIZED TO APPROVE REQUISITIONS ON YOUR BEHALF:

Add
Delete

Name
Title

Signature

Add
Delete

Name
Title

Signature

Add
Delete

Name
Title

Signature

Add
Delete

Name
Title

Signature

NOTE:

Department Managers are accountable for all expenditures incurred against their cost centres. All requisitions for goods and services must be approved by an authorized signature.

Additional forms are available on our website: <http://www.hmms.on.ca/forms/signature.pdf>

or contact your HMMS Purchasing Analyst.

Return Original to HMMS c/o Mailroom

