

HOW TO APPLY AN EXISTING SIGNATURE

EXAMPLE 1 – Applying signature to a flat PDF (invoice, P-Card Reconciliation)

The screenshot shows the Adobe Acrobat Pro DC interface with a PDF document titled '20200415095900388.pdf'. The document is an invoice from Apple Inc. The invoice details are as follows:

Apple Inc.
Please remit to:
Apple Inc.
P.O. Box 846095
DALLAS, TX 75284-6095

INVOICE

Page	Customer Number	Invoice Number
1	568782	AB45076707

Invoice Date	Amount Due
04/02/20	97.46

0001040 01 MB 0.436 **AUTO T4 1 8050 90747-000100 _C01-P01041-I ER01

SOLD TO
CAL STATE UNIV DOMINGUEZ HILLS
ATTN ACCOUNTS PAYABLE
1000 E VICTORIA ST
CARSON CA 90747-0001

SHIP TO
CAL STATE UNIV DOMINGUEZ HILLS
CSUDH RCVD/SHIPPING & RECEIVIN
1000 E VICTORIA ST
CARSON CA 90747-0001
USA

Customer Number	Customer P.O. Number	Sales Order Number	Invoice Number	Invoice Date	Terms
568782	0000037223	2975268142	AB45076707	04/02/20	Net 30 Days

A red arrow points to the 'Fill & Sign' button in the bottom right corner of the document.

20200415095900388.pdf - Adobe Acrobat Pro DC


File Edit View Window Help

Home Tools Create a signature ... 202004150959003... x

125%


Fill & Sign

Who needs to fill and sign?



You
Fill form fields, add text and draw or type your signature.


Fill and sign



Others
Add signers, mark where to fill and sign, send it out and track progress.

Request signatures

Close



Fill & Sign

[Ab] X ✓ ○ - • Sign

Next

Close

Sign document by typing or drawing a signature



Apple Inc.

Please remit to:

Apple Inc.
P.O. Box 846095
DALLAS, TX 75284-6095

This Is Your

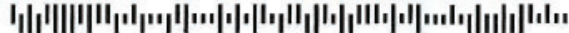


INVOICE

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CAL STATE UNIV DOMINGUEZ HILLS
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1000 E VICTORIA ST
CARSON CA 90747-0001

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CAL STATE UNIV DOMINGUEZ HILLS
CSUDH RCVD/SHIPPING & RECEIVIN
1000 E VICTORIA ST
CARSON CA 90747-0001
USA

Customer Number	Customer P.O. Number	Sales Order Number	Invoice Number	Invoice Date	Terms
568782	0000037223	2975268142	AB45076707	04/02/20	Net 30 Days

Item	Product Number	Product Description	Total	Total	Unit Price	Extended Price
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Select the signature that you created previously:

The screenshot shows the Adobe Acrobat Pro DC interface. The title bar reads "20200415095900388.pdf - Adobe Acrobat Pro DC". The menu bar includes "File", "Edit", "View", "Window", and "Help". The toolbar shows various navigation and editing tools. The "Fill & Sign" toolbar is active, displaying a signature selection menu. The menu includes a red arrow pointing to a selected signature, a plus sign for "Add Initials", and a minus sign. The invoice content includes the Apple Inc. logo and address, a barcode, and shipping information. A yellow callout box on the right provides instructions on how to create a digital signature.

Apple Inc.
Please remit to:
Apple Inc.
P.O. Box 846095
DALLAS, TX 75284-6095

0001040 01 MB 0.436 **AUTO T4 1 8050 90747-000100 _-C01-P01041-I ER01

SOLD TO
CAL STATE UNIV DOMINGUEZ HILLS
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If you do not already have a digital signature, you can create one by clicking the + sign next to "add signature." If you are an approver, make sure to use the draw or image option to use your actual signature rather than a print or font signature.

Click to place it on the invoice:

20200415095900388.pdf - Adobe Acrobat Pro DC

File Edit View Window Help

Home Tools Create a signature ... 202004150959003... x

1 / 1 125%

Fill & Sign [Ab X ✓ ○ - • Sign Next Close

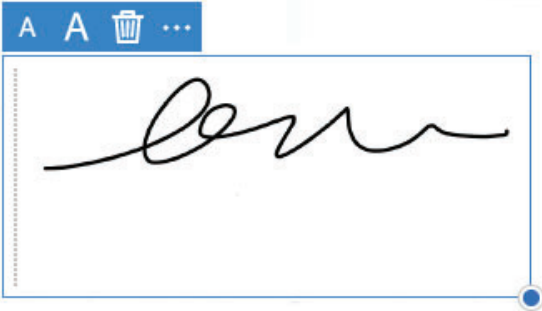
002 MK0C2AM/A	APPLE PENCIL-AME	1	1	89.00	89.00
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PO Item 000020 SerialNo.: (FQCCGAFNGWTJ)

Web Order Number: 2206193838

ACCOUNTING SERVICES
2020 APR 15 A 9:37

A A [trash] ...



EXAMPLE 2 – Applying signature to a PDF form

(Direct Pay, Travel Claim, Hospitality, etc.)

Fill out all form fields first, and add invoices/backup documents to PDF file **before** applying a signature.

accounting-services-Direct-Pay-Form.pdf - Adobe Acrobat Pro DC
File Edit View Window Help

Home Tools accounting-services... x

1 / 2 200%

Fill & Sign

PeopleSoft Chartfields to be charged:						
ACCOUNT	FUND	DEPT ID	PROGRAM	CLASS	PROJECT	AMOUNT
XXXXXX	XXXXX	XXXXX				

I certify that the above information is true and correct and that payments for these items have not previously been received or sent.

Requested by: (Name) SAMPLE		Signature:	Date: 5/4/20
Approved by‡: SAMPLE	Title: SAMPLE	Signature:	Date:

‡ Must have signature authority on chartfields listed

Department Name:	Contact Name:	Phone #:
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PRINT Revised 3/6/2020

Who needs to fill and sign?



You
Fill form fields, add text and draw or type your signature.

Fill and sign



Others
Add signers, mark where to fill and sign, send it out and track progress.

Request signatures

accounting-services-Direct-Pay-Form.pdf - Adobe Acrobat Pro DC

File Edit View Window Help

Home Tools accounting-services... x

1 / 2 200%

Fill & Sign → Sign

Sign document by typing or drawing a signature

The author of this form has specified the fields which you can fill. Click on any field to start filling form. OK

PeopleSoft Chartfields to be charged:

ACCOUNT	FUND	DEPT ID	PROGRAM	CLASS	PROJECT	AMOUNT
XXXXXX	XXXXX	XXXXX				

I certify that the above information is true and correct and that payments for these items have not previously been received or sent.

Requested by: (Name) SAMPLE		Signature:	Date: 5/4/20
Approved by‡: SAMPLE	Title: SAMPLE	Signature:	Date:

‡ Must have signature authority on chartfields listed

Department Name:	Contact Name:	Phone #:
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PRINT Revised 3/6/2020

Select the signature you previously created:

accounting-services-Direct-Pay-Form.pdf - Adobe Acrobat Pro DC

File Edit View Window Help

Home Tools accounting-services... x

1 / 2 200%

Fill & Sign Sign

Next Close

The author of this form has specified the fields which you can fill. Click on any field to start filling form. OK

PeopleSoft Chartfields to be charged:

ACCOUNT	FUND	DEPT ID	PROGRAM	CLASS	PROJECT	AMOUNT
XXXXXX	XXXXX	XXXXX				

I certify that the above information is true and correct and that payments for these items have not previously been received or sent.

Requested by: (Name) SAMPLE		Signature:	Date: 5/4/20
Approved by‡: SAMPLE	Title: SAMPLE	Signature:	Date:

‡ Must have signature authority on chartfields listed

Department Name:	Contact Name:	Phone #:
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PRINT

Revised 3/6/2020

Using your mouse, place the signature over the appropriate box.

accounting-services-Direct-Pay-Form.pdf - Adobe Acrobat Pro DC

File Edit View Window Help


Home Tools accounting-services... x

Fill & Sign Sign

The author of this form has specified the fields which you can fill. Click on any field to start filling form. OK

PeopleSoft Chartfields to be charged:						
ACCOUNT	FUND	DEPT ID	PROGRAM	CLASS	PROJECT	AMOUNT
XXXXXX	XXXXX	XXXXX				

I certify that the above information is true and correct and that payments for these items have not previously been received or sent.

Requested by: (Name) SAMPLE		Signature: 	Date: 5/4/20
Approved by: ‡ SAMPLE	Title: SAMPLE	Signature:	Date:

‡ Must have signature authority

When you save a form with a signature or initials you will no longer be able to edit the existing form fields.

Department Name:	Contact Name:	Phone #:
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PRINT Revised 3/6/2020

You can now save and forward the file to others, if necessary, for additional signatures.