



Delegation of Authority Form

Authority may only be delegated to College Administration employees

Department/School: _____

Effective date of delegation: _____

DD / MM / YYYY

Name and title of individual delegating authority

I, _____, _____ hereby delegate authority
(name printed) (title printed)
for approval of financial transactions for the following College Departments to the individual named below.

Signature: _____

Date: _____

DD / MM / YYYY

Name and title of individual authority delegated to

I, _____, _____ understand that I am
(name printed) (title printed)
responsible and accountable for the approval of financial transactions for the following College departments and will comply with all College financial policies and procedures.

Signature: _____

Date: _____

DD / MM / YYYY

Department Number	Department Name	Department Number	Department Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This form is to be sent to the Finance Department (attn: Manager, Financial Planning and Analysis) once completed.

Finance department use only			
Finance Review		Entered into ERP system	
Name Printed	<u>Leah Koehler</u>	Name Printed	<u>Matt Barnes</u>
Title	<u>Manager, Financial Planning and Analysis</u>	Title	<u>Technical Business Analyst (II) - Finance</u>
Date	_____	Date	_____
Signature	_____	Signature	_____
		Email sent to AP	<input type="checkbox"/>