



Delegation of Signature Authority

Grantee of Signature Authority

Name (print)

Title

Signature

Date

By signing above, I attest that I understand the policies and procedures associated with the authority being delegated to me and I further understand that I have the authority to deny a request for authorization.

Authority

The above employee has authority to (complete sections 1-4):

(1) Authorize expenditures as specified below (select one and complete):

- All funds/indexes within organization
- Only from the following indexes

(2) Authorize transactions as specified below (select all that apply):

- Personal Reimbursements
- Personal Service Agreements
- Travel Advance Requests
- Procurement Card Purchases
- Travel Reimbursements
- Meal Forms

(3) Authorize transactions within organization (select one and complete):

- For any dollar amount
- For dollar amounts under \$ _____

(4) Authorization Effective Date/Time Period (select one and complete):

- Effective date _____ (Authorization will remain in effect until A/P is notified to remove) **OR**
- Effective time period: Begin Date _____ End Date _____

(5) The employee below is no longer authorized to sign for the department specified.

Employee Name & Title (Print)

Department

Grantor of Signature Authority

I (the undersigned) am aware that this constitutes a delegation of authority to sign on my behalf but does not release me from full responsibility. I acknowledge that it is my responsibility to ensure that all transactions are in accordance with EOU fiscal policies & procedures, found at <http://www.eou.edu/admin/>.

Name (Print)

Title

Signature

Date

Please send completed form to the Accounts Payable Office, Inlow 208 or via email to ap@eou.edu and retain a copy on file in department. This form replaces any existing forms on file for this individual.