

Delegation of Authority for Expenditures

Designee's Name (printed): _____ Date: _____

The designee is authorized to submit, either electronically or manually, transactions and documents associated with the following expenditure activity for the identified funds and departments (can be attached worksheet). Indicate the authorization for each fund and department or for the list on the attached worksheet.

Req=Requisition; TR=Travel Advances/Claims; DP=Direct Pay; ET=Expenditure Transfer; BT=Budget Transfer; PC=PCard; OS=Office Supplies

Fund**	Dept	Req	TR	DP	ET	BT	PC	OS

**Delegations of Authority for CSU Fund Types described as Fiduciary must be supported by Trust Agreements.

The undersigned persons confirm that any expenditure activity authorized under this designation will conform to campus and CSU policy and sound fiscal and budgetary practices, including assuming responsibility for assuring the availability of funds to support expenditure activity.

I hereby acknowledge that prior to submission of any transaction; I will insure that funds are available for the period and purpose of the expenditure activity. By signing this form, I understand that this expenditure authorization may be rescinded at any time, without notice, at the discretion of management.

Delegation of Authority and expenditure transactions are part of PeopleSoft Finance. Designee must have access to PeopleSoft Finance in order to enter, review, and/or approve financial transactions. The OIT System Access form must be completed to establish access to the required finance systems. The OIT form can be located at <http://www.csustan.edu/oit/Publications/InfoSysAcsCondtOfUse.html>.

Designee's Signature:

Note: Signature will be scanned and embedded in Delegated Authority database. Please sign within the box.

The person named above is designated to act on behalf of the campus for the fiscal expenditures and the associated payment authorizations noted above. He or she is hereby authorized to submit documents associated with such activity.

Approving Authority Name (printed): _____

Approving Authority Signature: _____ Date: _____

Return completed Delegation of Authority form and OIT Information Systems Access form to Financial Services, MSR270.

Received: _____ Date: _____

[Delegation Administrator]