

Delegation of Authority for Expenditures

The designee named below is authorized to submit, either electronically or manually, transactions and documents associated with the following expenditure activity for the identified funds and departments. Please indicate the authorization for each fund and department, and note additional delegation conditions (if any) by chart field value in the comments section. Compliance with these conditions will be subject to monitoring by the department's approving authority below. Continue listing on attached worksheet if needed. **Note: This form should not be used for Trust Funds or Auxiliary business units which require specific separate documents (STASI, STUSU, STFDN, STABS).**

1. Modify existing authority with the changes below (Add or Remove)
2. Replace all existing authority with "Adds" listed on this document below
3. Remove all existing authority

Add	Remove	Department ID	Fund**	Comments

(Continue listing on page two if needed)

Effective Dates:

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 ensure 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 By signing this form, I understand that this expenditure authorization may be rescinded at any time, without notice, at the discretion of management.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 a 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 Access form can be located on the Office of Information Technology webpage.

Designee's Name:
(Printed)

Title:

Designee's Signature:

Date:

The above named designee may 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.

Approval

Approving Authority Name (Printed):

Approving Authority Signature:

Date:

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

Please return completed Delegation of Authority form to Financial Services, MSR 270.

Received by:

Date:

Delegation of Authority for Expenditures

(Continued from page one)

Designee's Name (Printed):

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Add	Remove	Department ID	Fund**	Comments

Approval

Approving Authority Name (Printed):	
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Approving Authority Signature:		Date:	
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**Delegations of Authority for CSU and State CSU Fund Types described as Fiduciary must be supported by Trust Agreements.

Received by:

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Date:

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