



# DELEGATION OF AUTHORITY

## Business Unit

The following individual is delegated the authority to approve the expenditure of public funds allocated to this College/Department/Unit for official expenditures related to the function of programs as designated by the University. Such approval will take the form of the named individual's signature on a Budget Transfer, GL Transfer, Travel Claim, Procurement Card Statement, Hospitality Expense Form, Invoice, Direct Payment Request, Reimbursement Request, Stipend Request, Honorarium Request, Trust Agreement, Reimbursement Request, Purchase Requisition, Petty Cash Request or similar document authorizing the expenditure or movement of funds. Such approval may also take the form of an electronic authorization made through the University's financial management software, or a third party's workflow software, provided such authorization is made only after the input of a unique password protected log-on identification code assigned to the named individual. This delegation will remain in effect until it is revoked in writing, except that signature authority shall be automatically and immediately revoked upon the separation of the named individual's employment from San Francisco State University. **Please note that a delegatee may not also be the individual who authorizes the name listed on this form. This delegation supersedes all previous authorizations**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Signature \_\_\_\_\_

Dept.#	Dept. Description	Fund#	Fund Description	Project ID
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Please note that all ORSP, non ORSP and Trust Project ID's that the delegatee is authorized to approve should be listed. Use an additional delegation form if more space is required.

## AUTHORIZED BY (Dean, Director or Chair)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ College/Dept. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Please submit the completed form to Joey Bondoc - Imaging Control Coordinator