

The University of Maine

DELEGATION OF AUTHORITY

Date: _____

TO: Budget & Business Services
107 Alumni Hall

FROM: _____

DEPT: _____

*Unit	*Dept ID	*Account	Class	*Fund	Program	Project
UMSO5		Typically, all accounts/class codes are delegated within a ChartField combination				
UMSO5						
UMSO5						

Name & Title of person responsible for account: _____

Name & Title of delegated person: _____

Indicate time frame, if any: _____

Please check only one:

The delegated person listed above has signature authority to approve ALL forms.

Only the forms listed below are delegated:

Do you wish to eliminate any prior delegations of authority?

No Yes

If yes, please list name: _____

reason: _____

I have delegated my authority to the person listed above to sign their own name for approving the financial forms listed above. If there are any changes in personnel, I will be responsible for sending a new "Delegation of Authority" form to this office. (Note from Budget & Business: If the person you report to is delegating authority to you; you may not approve any financial disbursements to that individual.)

Signature of person responsible for Chartfield Combination(s)

Signature of delegated person

Upon completion, forward to our office at 107 Alumni Hall or fax it to: 581-3340. Thank you.