

Controller's Office Delegation of Authority Form

New Applicant? Yes No If "No", Change Delete

(Please refer to separate instructions for this form.)

Applicant Information

Name (Last, First, Middle Initial): _____		Empl ID: _____
Phone: _____	Fax: _____	
Title: _____	Email: _____	
Dept: _____	Div: _____	
Applicant Signature		

Finance Transaction Types Authority

<p style="text-align: center;"><u>ASM Signature Authorization</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Direct Expense/Request for Payment <input type="checkbox"/> FIS Adjustment Request (FAR) <input type="checkbox"/> Employee non-cash award <input type="checkbox"/> Hospitality Expenses <input type="checkbox"/> Journal Entry Approval <input type="checkbox"/> Recruitment Expense <input type="checkbox"/> Travel Authorization in Country <input type="checkbox"/> Travel Claim Expense Approval 	<p style="text-align: center;"><u>Dean or AVP Signature Authorization</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Gifts to non-employees <input type="checkbox"/> Hospitality & Gifts Exceptions <input type="checkbox"/> Travel Authorization out of Country 	<p style="text-align: center;"><u>ASM Requests</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Establish Reimbursed Activities Program <input type="checkbox"/> Establish Trust Fund <input type="checkbox"/> ChartField Request
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Signature Authority – Attach additional sheets if necessary.

DEPT ID	FUND	PROGRAM	PROJECT

Finance Authority Application Approving Signatures

Department: _____

<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
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ASM: _____

<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
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Division: _____

<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
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Completed forms should be sent via campus mail (Hard Copy only) to University Controller's Office (FND-Room 280) – Attn: "Office Coordinator". The form will become effective upon receipt by the Office Coordinator.