INSTRUCTIONS FOR COMPLETING
“DELEGATION OF FISCAL OFFICER AUTHORITY” FORM

- **Authorize Fiscal Officer Delegation** – Please follow the instructions in **Item I** entitled “Authorize Fiscal Officer Delegation.”

- **Revoke Fiscal Officer Delegation** – Please follow the instructions in **Item II** entitled “Revoke Fiscal Officer Delegation.”
INSTRUCTIONS FOR COMPLETING
“DELEGATION OF FISCAL OFFICER AUTHORITY” FORM

I. Authorize Fiscal Officer Delegation:

A. In Section 1 of the “Delegation of Fiscal Officer Authority” form complete the following fields:
   1. Check box “Authorize Fiscal Officer Delegation”
   2. Date Submitted: Enter the date the form will be submitted to Accounting Services. The format of this field is ‘DD Mmm YYY’ where DD is day, Mmm is month, and YYY is year. For example January 29, 2012 is entered as 29 Jan 2012.
   3. Prepared by: Enter the name of the individual preparing the form.
   4. Phone Number: Enter the telephone number of the individual preparing the form.

B. In Section 2 of the form complete the following required fields:
   1. This Authorizes: Type or Print the names of the Fiscal Officer Delegate and the Fiscal Officer in the applicable fields.
   2. Enter the Mail Code, E-mail Address, and office telephone number of the Fiscal Officer Delegate accordingly.

C. In Section 3 of the form complete the following required fields:
   1. Budget Purpose: Enter the Budget Purpose value(s) and corresponding Budget Purpose Title(s) over which the Delegate will have fiscal officer delegation. If there are more than five Budget Purpose values for delegation to a single Delegate by one Fiscal Officer, enter “See Attached” on the first line in this section and attach a list of the Budget Purpose values with corresponding titles.

   NOTE: If requesting delegation on New Budget Purpose requests, leave the Budget Purpose field blank and type the proposed Budget Purpose title in the “Title” field. Complete the form and attach it to the back of the “Request New Budget Purpose or Unit / Change in Budget Purpose or Unit” form.

D. In Section 4, please provide a detailed justification for the need to establish this delegation. Also, check the appropriate boxes to indicate the types of transactions the delegate will be authorized to sign.

E. In Section 5 have the Fiscal Officer and Fiscal Officer Delegate read this section and sign the form as follows:
   1. On Signature Line 1: The Fiscal Officer Delegate must sign the Fiscal Officer’s name in the first field, sign his or her name in the second field, and date the form.
   2. On Signature Line 2: The Fiscal Officer must sign and date the form.
   3. On Signature Line 3: The first level supervisor of the Fiscal Officer must sign and date the form.
II.  Revoke Fiscal Officer Delegation:

A.  In Section 1 of the “Delegation of Fiscal Officer Authority” form complete the following fields:

1.  **Check box “Revoke Fiscal Officer Delegation”**

2.  **Date Submitted:** Enter the date the form will be submitted to Accounting Services. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example January 29, 2012 is entered as 29 Jan 2012.

3.  **Prepared by:** Enter the name of the individual preparing the form.

4.  **Phone No:** Enter the telephone number of the individual preparing the form.

B.  In Section 2 of the form complete the following required fields:

1.  **This Authorizes/Revokes:** Type or Print the name of the Fiscal Officer Delegate to be revoked and the current Fiscal Officer in the applicable fields.

D.  In Section 3 of the form complete the following required fields:

1.  **Budget Purpose:** Enter the Budget Purpose value(s) and corresponding Budget Purpose Title(s) over which delegation will be revoked. If there are more than five Budget Purpose values for revocation for a single Delegate by one Fiscal Officer, enter “See Attached” on the first line in this section and attach a list of the Budget Purpose values with corresponding titles.

F.  In Section 5 on **Signature Line 2:** The Fiscal Officer must sign and date the form.