

Signature Authority Form

NAME OF DELEGATE:

TITLE:

REASON:

| Effective Date:

| End Date (For temporary delegation):

DIVISION (Authority to sign):

Academic Affairs

President's Office

Technology & Innovation

Business & Financial Affairs

Student Affairs

University Advancement

AUTHORITY FOR FUNDS (Check all that apply):

Associated Students Inc.

CI Site Authority

Extended University

General Funds (list funds):

Parking Services

Restricted Funds (list funds):

Student Fees (list funds):

Student Housing

University Foundation

University Auxiliary Services

AUTHORITY FOR DEPARTMENTS (List by department number all that apply):

DOLLAR LIMITS:

AUTHORITY FOR THE FOLLOWING (Check all that apply):

[After the Fact Justification](#)

[Authorization for Business-Related Cell Phones](#)

[Authorization for Extra Hours Worked](#)

[Business Expense Claim Form](#)

[Employee Requisition - Faculty/Staff](#)

[Employee Requisition - Student](#)

[CashNet Security Request Form](#)

[Chartfield Request Form](#)

[Check Request Form](#)

[Expense Transfer Justification Form](#)

[Technology & Communication Phone Configuration Form](#)

[International Travel Authorization Form](#)

[Lost/Missing Receipt Form](#)

[New Fund Agreement Form](#)

[Online Requisition for Goods & Services Request Form](#)

[Payment on invoices \(purchase orders & direct pay/bill\)](#)

[Payroll Expenditure Transfer Form](#)

[Pharos System Configuration Changes](#)

[Position Management Action Form](#)

[Pre-Authorization for Additional Employment](#)

[Pre-Authorization for Special Pay](#)

[ProCard Application, Maintenance, & Reconciliation](#)

[Request to Deposit Funds](#)

[Request to Issue Invoice](#)

[Sponsored/Complimentary Guest Parking Permit Request](#)

[Student Financial Item Type Request Form](#)

[Travel Expense Claim Form](#)

[Wire Transfer Request Form](#)

Other – Explain:

OTHER SPECIAL INSTRUCTIONS:

ACCEPTANCE OF RESPONSIBILITY:

Per CSU Executive Order (EO) 1000, delegates shall ensure that the responsibility delegated by this EO is exercised in compliance with all applicable statutes, regulations, and policies of the Board of Trustees, and CSU policies, standards, and definitions. Furthermore, delegates shall ensure that expenditure commitments do not exceed available resources and that budget plans are fiscally sound and sustainable.

SIGNATURE

Name of Delegate:

Sign:

Date:

Name of Delegator:

Sign:

Date:

Name of Division VP/Provost/President:

Sign:

Date: