



DELEGATION OF EXPENDITURE AUTHORITY

DESIGNEE'S NAME (printed): _____ DATE: _____

The designee is authorized to submit, either electronically or manually, transactions and documents associated with the following expenditure activity.

Additional delegation conditions (if any) are noted by chartfield value in the comments section. Compliance with these conditions will be subject to monitoring by the department's approving authority as indicated below.

Table with 3 columns: DEPARTMENT, FUND**, COMMENTS. Multiple empty rows for data entry.

The undersigned persons confirm that any expenditure activity authorized under this designation will conform to campus and CSU policy and sound fiscal and budgetary practices, including assuming responsibility for assuring the availability of funds to support expenditure activity.

I hereby acknowledge that prior to submission of any transaction, I will insure that funds are available for the period and purpose of the expenditure activity. By signing this form, I understand that this expenditure authorization may be rescinded at any time, without notice, at the discretion of management.

Designee's Signature: _____

The person named above is designated to act on behalf of the campus for the fiscal expenditures and the associated payment authorizations noted above. He or she is hereby authorized to submit documents associated with such activity.

Approving Authority Name (printed): _____

Approving Authority Signature: _____

Received/Financial Svs: _____

**Delegations of Authority for CSU and State CSU Fund Types described as Fiduciary must be supported by Trust Agreements. Rev. 05/22/2020

Please forward completed forms to jenifer.barnett@sonoma.edu

