



DELEGATION OF AUTHORITY

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DELEGATION OF AUTHORITY INFORMATION

The following employee is authorized to submit, either electronically or manually, transactions and documents associated with the fiscal activity identified below. Please complete the form on-line, print a hard copy, sign and forward to Attn: Charlotte Melendrez, Accounting, Mountain Hall C. **Note: The effective date in CFS will be the date this document is signed by the Approving Authority.**

PRINT EMPLOYEE NAME- <i>Accepting delegation of authority</i>	EXT	LOGIN (OTTERID)

FISCAL ACTIVITY AUTHORIZED

ALL = Authorized for ALL activities
 BT* = Initiate Budget Transfers
 DP = Direct Payments, including Personal Reimbursements, Petty Cash & Invoices
 ET = Revenue & Expenditure Transfers and Payroll Transfers
 PC* = ProCard Approving Official
 REQ = Purchase Requisitions –Approving Officials
 TVL = Travel (includes Authorization, Advances, etc.)

FUND	DEPT ID	PROJECT	ALL	BT	DP	ET	PC	REQ	TVL	ACTION REASON
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHOOSE ONE
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHOOSE ONE
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHOOSE ONE
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHOOSE ONE
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHOOSE ONE

EMPLOYEE SIGNATURE – ACCEPTANCE OF AUTHORITY

I confirm that any expenditure activity authorized under this delegation will conform to California State University, Monterey Bay and CSU trustee policies 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 ensure that budgeted funds are available for the period and purpose of the expenditure activity. By signing this form, I understand that this delegation of authority may be rescinded at any time, without notice, at the discretion of management.

EMPLOYEE SIGNATURE (ACCEPTING DELEGATION OF AUTHORITY)	DATE

The person named above is authorized to act on behalf of CSUMB for fiscal expenditure and budget activity and is hereby authorized to submit documents associated with such activity for the areas specified.

APPROVING AUTHORITY

APPROVING AUTHORITY – <i>Print Name</i>	Ext.
APPROVING AUTHORITY - <i>Signature</i>	Date

ACCOUNTING USE ONLY: ENTERED BY – Print Name: _____ INITIALS: _____ DATE: _____	SEND COMPLETED, APPROVED FORM TO ACCOUNTING DEPARTMENT
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INSTRUCTIONS FOR COMPLETING THE DELEGATION OF AUTHORITY FORM

Please note that forms with white-out corrections will not be accepted.

1. Please fill out the form on-line.

DELEGATION OF AUTHORITY INFORMATION : Enter the name of the employee accepting responsibility for processing fiscal transactions, their network login (Otter ID) and the date the authorization is to be effective.

FISCAL ACTIVITY AUTHORIZED :

List the authority by Dept ID only. This includes all Dept IDs for MB500 & MB51X Funds, but do not list the Fund on the form. Doing such provides fiscal authority over departmental spending by Dept ID in all operating funds excluding Trust Funds. Do not include Trust Funds (TXXXX), as Trust Fund Agreements take precedence over the Delegation of Authority Form. Do not include Dept IDs that start with a letter as these are only used with Fund MB570 (Cost Recovery).

NOTE: For operating funds (MB500 & MB51X), Accounting and Finance does not review delegation of authority by Fund/Dept ID/Project Number combinations. We do not list Fund and Project numbers, only Dept ID in the CFS-CSU Delegation of Authority in People Soft.

Under the activity columns (ALL, BT, DP, etc.), enter an “x” for each activity being granted authority for the chartfield indicated to the left on the form (Fund, Dept ID and/or Project).

*BT – Initiate Budget Transfers. Grants authority to propose a budget transfer to division representative. Final submission received by the Budget Office will only be from this representative.

*PC – ProCard Approving Official. Grants permission to authorize ProCard transactions (e.g. approve ProCard Reconciliations.) This does not grant approval to obtain a Procurement Card. To do so, please see the [Procurement Card Application Form](#).

In the Actions Reason column, enter “A” = Add, “C” = Change, or “D” = Delete.

Add - Used for all initial submissions. For example, a new employee or one who has taken on new responsibilities would be use ‘Add’.

Change - Used if employee’s current authority is being altered. For example, the employee has some authority for a given chartfield, but an activity is being added or deleted (not all activities for the chartfield), or authority is being granted for a new chartfield.

Delete - Used when an employee is no longer employed by the University, and/or due to responsibility changes, no longer has authority for the previously given chartfields.

APPROVING AUTHORITY : Enter the Approving Authority’s name and extension. The Approving Authority is the employee’s supervisor that has fiscal authority for all the indicated chartfields. (The Approving Authority must already have a processed Delegation of Authority form on file.)

2. Print the form.
3. Both the employee and the approving supervisor must sign the form.
4. Send the original completed and signed form to the Accounting Department. Questions can be directed to Charlotte Melendrez ext 4415 or chmelendrez@csumb.edu