

*This form is used to delegate an Administrator's authority to another with sufficient knowledge of CSFPF Policies and Procedures.  
Note: A copy of the CSFPF approved Delegated of Signature Authority is to be attached to every request authorized by the delegate.*

### DELEGATE INFORMATION

Delegate's Name: \_\_\_\_\_ CWID #: \_\_\_\_\_

Delegate's Title: \_\_\_\_\_ Department/Division: \_\_\_\_\_

Delegate's Email: \_\_\_\_\_ Phone/Ext: \_\_\_\_\_

Employment is:    Permanent    Interim    If employment is interim, what is the appointment end date: \_\_\_\_\_

Appropriate Administrator Name: \_\_\_\_\_ Title: \_\_\_\_\_

### REQUEST AUTHORITY TYPES

The following requests may be authorized by the delegate:

- |                                 |  |   |
|---------------------------------|--|---|
| Check Request                   | Exception to Policy Request  | Foundation Card Reconciliation/Statements                                       |
| Foundation Card Setup/Revisions | Hospitality (D11)<br><small>(per campus policy, maximum amount is \$1,000)</small> | New Account Setup/Revisions   |
| Procurement/Requisition         | Special Consultant/Payroll Request   | Travel Request<br><small>(per campus policy, maximum amount is \$4,000)</small> |
| Unauthorized Purchase Request   |  |   |

### DELEGATE ACKNOWLEDGEMENT

As delegate, I acknowledge my responsibilities and understanding of CSFPF Policy and Procedures. I will exercise due diligence in obtaining and applying relevant information, policies, procedures, and best practices in this role. I certify that this access is appropriate and relevant to the duties and responsibilities I have been appointed to do through my position. Additionally, I will ensure that all transactions are in line with the CSFPF account purpose/gift agreement.

I understand this delegation will remain in effect for one fiscal year or until one of the following occurs: 1) I no longer sever as delegate for the department/division listed above; 2) I am reassigned; or 3) I separate from the department/division or University. I recognize it is my responsibility to notify CSFPF at [foundation@fullerton.edu](mailto:foundation@fullerton.edu) should I be reassigned or separate from the department/division or university.

Delegate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DELEGATION OF AUTHORITY APPROVAL

My signature certifies I have reviewed this request and grant Delegation of Signature Authority access to the individual listed above for a period of one fiscal year. I certify that this access is appropriate and relevant to the duties and responsibilities they have been appointed to do through their position. Additionally, I acknowledge the individual named above has sufficient understanding of CSFPF Policy and Procedures to take on the role of Delegate.

Department Head or Administrator	Print Name	Title
	Signature	Date
Division Head or Designee	Print Name	Title
	Signature	Date

**CSFPF Use Only**

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Reviewed By & Date

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CSFPF Approval & Date