**Instruction:**

This procedure is to be followed when the delegation cannot be made by a written delegation with a specimen signature by Delegation Authority.

Delegate should complete the form, state: ”I accept responsibility as delegated signing authority as described in the form below.” and forward to the person authorizing the delegation. Email Subject Line: Delegation of Signing Authority – Department description and number

Delegation Authority should state:  I approve the delegation to \_\_\_\_\_\_\_\_\_(name) as described in the form below, then send their approval direct to [acctspay@uoguelph.ca](mailto:acctspay@uoguelph.ca).  Keep the same Email Subject Line

*Please copy and paste the entire content below to the body of authorization email.*

|  |  |
| --- | --- |
| **Section 1. Delegation of the Delegating Authority (Dean, Director, Chair, Department Head)** | |
| Name of Delegation Authority (please print) | Department/Division/Centre |
|  |  |
| Title | UofG Employee ID Number |
|  |  |
| Date (dd-mmm-yyyy) | **I authorize the delegate named in section below to authorize expenditures against the account(s) as indicated in section 2.** |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 2. Accounts Delegated** | | | | | | |
| Department number(s) – list all that apply | | | |  | | |
|  | | | | | | |
| Grants: Indicate specific grant numbers or check X for “All” | | | | Projects: Indicate specific project numbers or check X for “All” | | |
| ☐ All |  | | | ☐ All |  | |
| Term of Delegation – start date (dd-mmm-yyyy) | | | | Term of Delegation – ending date (dd-mmm-yyyy) | | |
|  | | | |  | | |
| Expenditure Types – check as applicable | | | | | | Financial Spending Limit ($) |
| ☐Purchasing  (SMC, HVPO, LVPO) | | ☐Payments (Invoices, Cheque requisitions, etc) | ☐Journal Entries | ☐All | |  |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Section 3: Institutional Approver** | | |
| An Institutional Approver may approve a transaction for processing after reviewing for and verifying proper initiation, authorization and expense eligibility as applicable. No financial spending limit will apply. By checking “X” the appropriate box, I designate the delegate name in section 4 as Institutional Approver within the department(s) listed below for: | | |
| ☐Fund 301 grant accounts | ☐Non fund 301 accounts | ☐All accounts |
| Department number(s) – list all that apply | | |
|  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Section 4: Affirmation of Delegate Accepting Signing Authority | | | |
| Name of Delegate (please print) | U of G Employee ID Number | | U of G Central Login ID |
|  |  | |  |
| Date (d-mmm-yyyy) | | **I accept responsibility as delegated signing authority as indicated above in section 2** | |
|  | |
|  |  |  |  |