

DELEGATION OF AUTHORITY/SIGNATURE AUTHORIZATIONS

FOR

(DEPARTMENT / DIVISION)

Fiscal Year

In accordance with VSCC Policy No. I:01:07 Delegation of Authority/Signature Authorization, I have delegated signatory authority, in my absence, for our department to the following:

NAME	TITLE

Exceptions to the delegation include _____

The person(s) listed above has/have a clear and current understanding of their authority and its limitations and have received training which included a review of Policy 1:01:07 and other applicable policies and procedures. Training date _____

Title of Person Delegating Authority

Signature of Delegating Authority

Date

**The original of this document should be maintained in the division / department office.*