B200 – 1FORM Delegation of Budget Owner Responsibility

Name and Position of Delegator: ____________________________________________________________

Name and Position of Delegate: ____________________________________________________________

Department responsibility is being delegated for: ____________________________________________

Start Date: ______________________________

Stop Date: ______________________________

Restrictions on delegation of responsibility:

I have read and I understand B200 – 2PR Delegation of Budget Owner Responsibility Procedure and I agree to abide by it. I hereby delegate responsibility to the above named delegate for the above named department.

_________________________________________________________________________________________

Signature of Delegator Date

I hereby accept responsibility for expending or releasing funds for the above referenced department. I have an appropriate level of knowledge of the applicable College policies and procedures. Where applicable I have an appropriate level of knowledge of any externally imposed conditions, regulations and guidelines.

_________________________________________________________________________________________

Signature of Delegate Date

Retain original in department. Copy 1 – Accounts Payable Copy 2 – Purchasing

Revised June 2014