



ASSIGNMENT OF OR CHANGE IN BUDGET OWNER RESPONSIBILITY FORM

Name of Vice President:

Name of Budget Owner to be discontinued (if applicable):

Name of New Budget Owner:

Department(s) responsibility is being delegated for:

Effective Date of change:

Reason for the change:

Signature of Vice President

Date

I acknowledge that I am no longer responsible for the budget of the above named department and will refrain from approving any further expenses to this department.

Signature of Budget Owner being removed

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 New Budget Owner

Date

*Forward original to Business Services – Senior Accountant, Reporting & Budgeting
Copy to be retained in department.*