



## DELEGATION OF BUDGET OWNER RESPONSIBILITY FORM

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 the *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*