

CALIFORNIA STATE UNIVERSITY, FULLERTON

Delegation of Authority Form

Use this form to delegate administrative responsibilities in connection with review of Procurement Card purchases:

Cardholder: _____
(Type or Print)

Department: _____

Card Account ID: _____ Last 4 Credit Card #: _____

Effective Date: _____

This delegation will remain in effect until one of the following occurs: (1) The delegation is reassigned by the Cardholder to another individual. (2) The delegate leaves the department or the University. *(It is the responsibility of the delegate to inform the eBusiness Programs (via email to ebusiness@fullerton.edu) if they will no longer serve as the delegate).* (3) Cardholder changes such as reassignment by the Division Head or by personnel changes (Dept. Chair changes, separation, etc.) . A new delegation form will need to be submitted to eBusiness Programs located at CP-300.

Delegate: _____ CWID: _____

I hereby delegate my review responsibilities related to Procurement Card purchases and certify that:

- This delegation of authority is necessary to accomplish the mission and goals of the department.
- The delegate assigned administrative responsibilities in connection with review of Procurement Card purchases is responsible and will exercise due diligence in performing this role.
- The delegate understands the policies and procedures of the Procurement Card Program, agrees to abide by them, obtain and apply relevant and current information.
- Ongoing financial management of department accounts will occur to ensure that sufficient funds exist in the relevant account to support the purchases.
- I understand that I am still ultimately responsible for the review and reconciliation of the charges made on the procurement card issued in my name, and submittal of all required documents per Procurement Card Policy.

My signature further certifies that, as the Cardholder for the account(s) listed above, I will retain all fiduciary responsibility for the account(s) and all expenditures charged to it.

Cardholder Signature: _____ Date _____

As the delegate authorized by the Cardholder to review Procurement Card purchases charged to the account(s) listed above, I certify that:

- I understand the policies and procedures of the Procurement Card Program and agree to abide by them.
- As the delegate, I will obtain and apply relevant and current information about the program policies and procedures.
- I will exercise due diligence in reviewing each Procurement Card transaction.
- I will ensure that sufficient funds are available for all Procurement Card purchases.
- I will not review purchases for which I have primary custody, use or control.
- I will ensure that all Procurement Card purchases are necessary and appropriate for department operational needs.
- I will notify the eBusiness Programs (via email to ebusiness@fullerton.edu) if I will no longer serve as delegate for the account(s) listed above.

Delegate Signature: _____ Date _____

My signature certifies that, as Division Head or designee, I have reviewed and approve the above request for delegation.

Division Head or Designee: _____

Print Name

Signature

Date _____

Completed, Date: _____