



Delegation of Signing Authority Form

TO WHOM IT MAY CONCERN, I HEREBY DELEGATE SIGNING AUTHORITY FOR EXPENDITURES TO:

Name and Title

(Sample signature)

This authorization is for:

- ☐ Full delegated authority, including delegated authority for all expenditures
- ☐ Restricted delegated authority for all expenditures only
- ☐ Restricted delegated authority for expenditures only, up to \$ _____

Delegated authority will apply to the following Banner accounts:

Fund: _____	Org: _____
Fund: _____	Org: _____
Fund: _____	Org: _____

This authorization will remain in effect from _____ until: _____.
*(start date)**(end date not to exceed 90 days)*

I have reviewed the Policies and Procedures of Ontario Tech University, as outlined in the **Signing Authority Policy**, and, in accordance with these policies, I hereby delegate signing authority as specified above.

Signature of Designator

Date

Name and Title

The approved form must be emailed to:
Finance - Accounts Payable at accountspayable@ontariotechu.ca
Purchasing at purchasing@ontariotechu.ca