

Delegation of Fiscal Authority Request Form

Financial Services - University Accounting Services

3801 W. Temple Ave, 121-East-2160 | Pomona, CA 91768 Email: cpp-ap@cpp.edu

DESIGNEE INFORMATION

	nployee is author unds and departn			ronically or	manually, tr	ansactions a	ind documer	nts associate	d with expe	nditure
Designee Name	2:									
Bronco ID:										•
Email:										•
Position Title:										•
Department:										•
Division:										-
2111010111										
			FISCAL	. ACTIVIT	Y AUTHO	ORIZED				
Type of Request:					DOA Level:					
Check this b	ox if you would like	to terminate all	DOA for this D	esignee						
Effective Date:					End Date, if applicable:					
Authority for F	unds (List all that a	pply):			1	T	1		,	
			1							
	y for the Follow		ion Types (C	heck all that o	apply):					
Hospit Travel	ase of goods and ality Request Expense Report									
	DE	SIGNEE SI	GNATURI	E - ACCEI	PTANCE (OF FISCA	L AUTHO	RITY		
budgetary practi that prior to sub	y expenditure ac ces, including ass mission of any tra ng this form, I und	uming respon	sibility for as Il ensure that	suring the a	vailability of unds are ava	funds to sup ailable for th	oport expend e period and	diture activit d purpose of	y. I hereby a the expendi	cknowledge ture
Designee Signature: Date:										
			APP	ROVING	AUTHO	RITY				
•	ed above is authored to submit docu				•			t authorizati	on activity a	nd is
Approving Auth	nority - <i>Print Nai</i>	me & Title :								
Approving Authority Signature: Date: (Must be a Level 3 or above, and have hierarchical approval for the Designee)										

 $Submit \ completed \ form \ to \ Financial \ Services \ - \ University \ Accounting \ Services \ via \ the \ \underline{Smartsheet \ DOA \ Request \ Form.}$