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

The following employee is authorized to submit, either electronically or manually, transactions and documents associated with expenditure activity for the funds and departments identified below.

Designee Name: _____

Bronco ID: _____

Email: _____

Position Title: _____

Department: _____

Division: _____

FISCAL ACTIVITY AUTHORIZED

Type of Request: _____ DOA Level:

☐ Check this box if you would like to terminate all DOA for this Designee

Effective Date: _____ End Date, if applicable: _____

Authority for Funds *(List all that apply)* :

(e.g., POM01, PCR01, TZ001, PCI01, etc.)

Authority for Dept IDs *(List all that apply)* :

(e.g., 20001, 67400, 73500, 96200, etc.)

Fiscal Authority for the Following Transaction Types *(Check all that apply)* :

- ☐ Purchase of goods and services
- ☐ Hospitality
- ☐ Travel Request
- ☐ Travel Expense Report

DESIGNEE SIGNATURE - ACCEPTANCE OF FISCAL AUTHORITY

I confirm that any expenditure activity authorized under this delegation will conform to Cal Poly Pomona and CSU policies and sound fiscal and budgetary practices, including assuming responsibility for assuring the availability of funds to support expenditure activity. I hereby acknowledge that prior to submission of any transaction, I will ensure that budgeted funds are available for the period and purpose of the expenditure activity. By signing this form, I understand that this delegation of authority may be rescinded at any time, without notice, at the discretion of management.

Designee Signature: _____ Date: _____

APPROVING AUTHORITY

The person named above is authorized to act on behalf of CPP for fiscal expenditure and associated payment authorization activity and is hereby authorized to submit documents associated with such activity for the areas specified above.

Approving Authority - *Print Name & 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 Smartsheet DOA Request Form.