



OBJECTIVES AND RESPONSIBILITIES: Delegation of Signing Authority Form

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

(Please print name and title)

(Sample signature)

(Department Name)

This authorization is for:

- All expenditures*
- All expenditures*, up to _____

*delegation does not occur if precluded under policy, e.g. the policy on [Policy on Approval and Execution of Contracts and Documents](#), or the policy on [Travel and Other Reimbursable Expenses](#);

This authorization will apply to the following FIS accounts:

CFC _____ Fund _____

This authorization will remain in effect from _____ until:
(Start date)

- Revoked
or
- Specify end date: _____

I have read the Policies and Procedures of the University of Toronto as detailed in the ***GUIDE TO FINANCIAL MANAGEMENT, FINANCIAL MANAGEMENT, OBJECTIVES AND RESPONSIBILITIES: Delegation of Authority*** and in accordance with those Policies, I do hereby delegate signing authority as noted above.

SIGNATURE OF DESIGNATOR

FULL NAME (please print)

TITLE (please print)

DATE

****A copy of the form should be kept on file and be readily available as required by Internal Audit and the original sent to UTM Business Services Attn: Deanna Ponte***