



**DEPARTMENT OF ADMINISTRATION**

**DELEGATION OF SIGNATURE AUTHORITY**

**DIVISION**

The following named individual (s) accompanied by their sample signature (s) are delegated the authority to approve the expenditure of public funds allocated to this Division for official expenditures related to the function of programs as designated by the Department of Administration. This delegation will remain in effect until the authority it conveys is revoked in writing or until the end of each fiscal year on June 30<sup>th</sup>. Forms will be renewed July 1<sup>st</sup>.

I hereby authorize signature and dollar limit per policy #040, for the following personnel on Division accounts within EAGLE compliance as indicated below:

(Note: Per NC DOA Policy # FA-040, effective date 03/23/2015- Division Director or desinee limit of \$2,500.00, approval for Reimbursements, Budget Authorizations, Direct Invoices.)

Printed Name /Job Responsibility	Signature on File	Reimbursements/ Travel Adv Budget Authorizations Direct Invoices					
		\$	\$	\$	\$	\$	\$
1							
2							
3							
4							
5							
6							

I certify that I have discussed this arrangement with the designees above and they are aware of the responsibility delegated to them and that their signature is an acceptance of that designation of authority. I understand that the fiduciary responsibility for the account funds still remains with me. This document is good from July 1<sup>st</sup> through June 30<sup>th</sup> each year. A new form will be submitted to the Office of Fiscal Management each fiscal year.

**SIGNATURE OF DIVISION DIRECTOR**

**DATE**

Return original form with all required signatures to: Office of Fiscal Management: Attn Tony Norwood