**Shape

Description automatically generated with medium confidence**

**Request for Fiscal Delegate Signature Authorization**

**Delegate Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S#:\_\_\_\_\_\_\_\_\_\_\_\_ Effective FY \_\_\_**

**Banner User Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**New Hire Additional Org(s)**

|  |  |  |
| --- | --- | --- |
| **Maximum Spending/Purchasing Transaction Authority**  *(amounts listed are maximum authority-authorized limits may be lower/appropriate to need)* | | |
| President / VP of Administration | Max Limit | **$ 200,000** |
| Controller/VP of Student Success/VP of Instruction | Max Limit | **$ 50,000** |
| Asst. Controller/Directors/Deans | Max Limit | **$ 10,000** |
| Second Level Staff | Max Limit | **$ 2,999** |
| First Level Staff | Max Limit | **$ 1,000** |

*Spending Authority/Purchasing Transactions Authorized for Org Codes listed below:*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Org #** | **Org Name** | **Max Limit**  **$** | **View**  **Only** |  | **Org #** | **Org Name** | **Max Limit $** | **View**  **Only** |
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❑ *Check box if additional org list attached*

**Fiscal Delegate Acknowledgment:**

*I acknowledge responsibility for fiscally responsible purchasing and transaction authorization for the authorized org codes. I agree this delegation applies only to purchases and transactions completed for official state business purposes only and I will comply with all applicable federal, state, and local laws and regulations, State Fiscal Rules, and CCCS and MCC procedures and guidelines. I agree to review all transactions for which I am responsible and ensure adequate budget is available in the org. I will not sign vendor agreements, contracts, or any other document committing the college.* ***I accept this Delegation of Signature Authority/Banner access.***

***I agree I may be subject to disciplinary action, up to and including separation, for violation of this agreement.***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_*

*Delegate Signature Date*

*Please provide the above delegate with Banner Finance access and spending authority noted above.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

*Approving Official/Supervisor Signature Printed Name Date*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

*Division Vice President Signature Printed Name Date*

*OR President (if direct report to President)*

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Fiscal Services use only: 🗖 FOMPROF Set-Up Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Date Completed/Initials

🗖 ACCESS Set-Up Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Date Completed/Initials