UNIVERSITY OF MASSACHUSETTS/AMHERST
Signature Delegation Form

*This form delegates authority on the funds listed on this form from the responsible person on these funds to the delegated person specified below.
*This delegation is only valid for the effective dates given or until a permanent change is made in the responsible person.
*This delegation will not be valid unless all necessary signatures are included on this form.

NOTE: This delegation procedure does not exempt the responsible person from any responsibility.
The responsible person listed below remains on all records to be the responsible person and remains fully responsible for any transactions against the funds listed on this form.

Information on Responsible Person (Person delegating signature authority)

Name:_____ _____ _____
Last First Date
Department:_____
Employee #:_____ Phone:_____

SIGNATURE:_____

Information on Delegate Person (Person now allowed to sign)

Name:_____ _____ _____
Last First Date
Department:_____
Employee #:_____ Phone:_____

SIGNATURE:_____

Effective Dates Beginning:_____ Ending_____ Indefinitely_____

This section must be completed if one of the above signatures is not available.
MBU Head or VC Name:_____

Signature:_____

Reason signature was not available:_____

List all Fund Numbers applicable to this delegation:

Speed Type	**Fund**	**Department ID**	**Project Grant**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: Use a separate piece of paper for additional funds.

When completed, send this form to: Accounts Payable, 405 Goodell Building – Attn: Jayne Krause 8/2004