



University of Massachusetts / Amherst Delegation Form for Non-Sponsored Chartstrings

General Policies for Expenditures of University Funds

In accordance with University policy, the Responsible signature Authority (ex. Principal Investigator) has the prime responsibility for the authorization of expenditures for his/her DeptID(s). These costs must be allocable, reasonable and allowable in accordance with institutional and sponsor's policies.

- a. Expenditures must relate to and support the purpose for which the fund was established. Expenditures must be consistent with the statement of purpose for that fund.
- b. Expenditures from any fund must be used to promote the educational, research or public service mission of the University.
- c. University employees may not expend funds for political contributions, personal gain, personal violations/fines or personal gifts showing gratitude to another employee.

d. Any expenditure for supplies, printing, equipment, or any other real property shall conform to the University Purchasing Policy (Doc. T92-031, Appendix A).

e. All expenditures for employee travel must conform to the University of Massachusetts Travel Policy (Doc. T92-031, Appendix B).

f. Any expenditure related to compensation, benefits or perquisites for the President or Campus Chancellors must comply with the Executive Compensation Policy for University President and Campus Chancellors (Doc. T93-062).

g. Expenditures for business expense activities are subject to the University Business Expense Policy, (Doc. T92-031, Appendix C).

* 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.

Manager: _____

PS Employee ID: _____

Department: _____

Phone: _____

Specify the Level of Delegation:

AMBU Level: _____

ADPT Level: _____

DeptID Level: _____

Individual Chartstrings: _____

Expenses must be approved by a person (Approver) who has the authority to approve or deny payment of the expenses. Delegation of supervisory authority should not create a situation where an employee is approving the expenses of their supervisor. Nor should delegation create a situation where an employee is approving an expense of another employee of equal or higher position without appropriate campus authorization.

I DELEGATE THE STAFF MEMBER(S) BELOW TO ENTER MY SIGNATURE IN THE SYSTEM IN THE CAPACITY INDICATED BELOW FOR ALL PRESENT AND FUTURE CHARTSTRING(S) WITHIN THE DEPTID(S) LISTED FOR WHICH I AM THE RESPONSIBLE SIGNATURE AUTHORITY.

I UNDERSTAND THAT I STILL ASSUME FULL RESPONSIBILITY FOR ANY EXPENDITURES OR OBLIGATIONS ENTERED INTO THE FINANCE SYSTEM UNDER DELEGATED SIGNATURES.

I WILL SEND NOTIFICATION UPON TERMINATION OF DELEGATION

Signature: _____

Date: _____

If above Signature not available: _____
(VC / MBU / Department Head)

(Please Print Name)

Delegate Information

Your signature below indicates that you are aware of the General Policies for Expenditures of University funds.			Effective Dates		Check all applicable areas of delegation						
Employee ID	Please Print or Type Name	Signature	Start Date	End Date	Indefinitely	Buy Ways Workflow Requisitions Approver	Contracts	Personnel	Journal Entries / Recharges	Emp Reimb / ProCard / Dept Card / Travel	Supervision Approval

When completed email form to: Findelegation@admin.umass.edu or campus mail to Joanne Wheeler, Controller's, 405 Goodell