

**University of Massachusetts / Amherst**  
**Departmental DeptID's with Non-Sponsored Chartstrings Delegation Form**

**General Policies for Expenditures of University Funds**

In accordance with University policy, the Responsible signature Authority (ex. Department Manager) 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 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.

DeptID Manager: \_\_\_\_\_ PS Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Specify the Level of Delegation: **(Select only one area, the highest level the delegation should be at, Example DeptID level will include all CFS for the DeptID)**

- AEXE Level: \_\_\_\_\_
- or AMBU Level: \_\_\_\_\_
- or ADPT Level: \_\_\_\_\_
- or DeptID Level: \_\_\_\_\_
- or Individual Chartstring: \_\_\_\_\_

**Do not list individual Chartstrings if BuyWays delegation is checked, it must be at DeptID Level.**

Expenses must be approved by a person (Approver) who has the authority to approve or deny payment of the expenses. Delegation of approval 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 IF a sponsored grant chartstring within these deptid(s) listed above is created, I must complete a sponsored grant delegation form for these staff member(s)*

*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: \_\_\_\_\_

**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 | BuyWays Workflow Requisitions Approver (DeptID Level Only) | Contracts | Personnel | Bank Card | Jrnl Entries / Recharges | Empl Reimb / Travel | Supervision Approval as Required on BankCard/Travel/Business Exp etc. |
|   |                           |           |                 |          |              |  |           |           |           |                          |                     |   |
|   |                           |           |                 |          |              |  |           |           |           |                          |                     |   |
|   |                           |           |                 |          |              |  |           |           |           |                          |                     |   |

Controller's Office Signature: \_\_\_\_\_

When completed email form to: [findelegation@groups.umass.edu](mailto:findelegation@groups.umass.edu)