

# 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	Equip Reimb / PreCard / Dept Card / Travel	Supervision Approval

When completed email form to: [Findelegation@admin.umass.edu](mailto:Findelegation@admin.umass.edu) or campus mail to Joanne Wheeler, Controller's, 100 Venture Way, Suite 201 Hadley, MA 01035-9462