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Controller's Office
Tallent Hall 219

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DELEGATION AUTHORITY

In order to speed up the signature authorization process, Business Services is allowing supervisory staff to delegate authority for approving various transactions. The following individual is authorized and accepts responsibility to approve the following types of transactions:

NAME: [Click here to enter text.](#)

START DATE: [Click here to enter text.](#)

EXPIRATION DATE:* [Click here to enter text.](#)
(If no expiration date – leave blank)

DEPARTMENT NUMBER(S): [Click here to enter text.](#)

FUND(S): [Click here to enter text.](#)

FUND MANAGER'S SIGNATURE: _____

FUND MANAGER'S NAME (Printed): [Click here to enter text.](#)

PERSON AUTHORIZED TO SIGN FOR:
(Check all that apply)

Requisitions	_____
Payment to Individual (PIR)	_____
Refunds of Receipts	_____
Requests for Reimbursement	_____

*TERs are not subject to Delegation of Authority, they must be signed by the supervisory staff.

Send copy to senior administrator and return original to Business Services, Debi Rigney
Tallent Hall – 245

*Authority will automatically expire 2 years from the issue date if no expire date is specified