**Delegation of Authority by the Senior Employee to a Budget Administrator**

**Cost Center Number and Project Name:**

|  |  |
| --- | --- |
| Cost Center Number | Project Name |
|  |  |

**Limitations on Extent of Authority:**

**Delegated Budget Administrator**

|  |  |
| --- | --- |
| Name and Surname | Example of Signature |
|  |  |

Effective Date:

………………………………………… ………………………………………….

PhDr. JUDr. Tomáš Karásek, Ph.D. Signature of the Director of the Institute

Dean, FSV UK (or of the Secretary of the Faculty, if by

the Dean’s Office)