**Delegation of Authority to an Employee as a Representative**

 **of a Budget Administrator**

**Cost Center Number and Project Name:**

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

**Limitations on Extent of Authority:**

**Delegated Representative of the Budget Administrator**

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

Effective Date:

……………………………………………………….. ………………………………………………………..

Signature of Delegating Budget Administrator[[1]](#footnote-1) Signature of the Director of the Institute

 (Signature of the Secretary of the Faculty,

 in the case of the Dean’s Office)

1. Signature of the Main Budget Administator of a Cost Center. Only one person can be the Main Budget Administrator, all others are his or her representative. [↑](#footnote-ref-1)