



Temporary Delegate Approver Authorization Form

Temporary Delegate Name _____

Department or Project Name _____

Department or Project ID _____

Temporary Delegation Period From _____ To _____

I authorize the person indicated above to serve as a temporary authorized approver for all financial transactions while I am away from the office. I understand:

- The temporary delegate indicated above is an individual in a direct reporting relationship to me and serves in an Assistant or Associate level position.
- The temporary delegation period can be no longer than 3 weeks (21 days)
- A copy of this completed Temporary Delegate Request form must be submitted with all financial requests.

Authorized Approver

Date