



# DELEGATED AUTHORITY CHANGE FORM

Notes: Requesting staff member should familiarise themselves with policy CP0005

Must be filled, signed and sent to Finance digitally. To sign save the form on your hard drive first, then click view signatures at the top, then click on the relevant drop down menu on the right and click on sign. When emailing the signed form ensure you attach the original saved on your hard drive by saving and closing the file and then either drag and drop into the email or right click the file and send to mail recipient, or else the signature will be removed. If any issues with digital signature first fill all form fields and then print and sign.

Date:	
-------	--

Department:	
-------------	--

Name (person completing the form):	
------------------------------------	--

Reason for Request

**Request for New Authority or Change of Existing Authority**

Delegatee Name:	
\$ Limit:	

Delegated Role:	
Business Unit(S) or Department/School:	

**Delegatee acceptance - Required:**

I, the above named delegatee, agree that I have read, and accept that I am required to operate within, the delegations policy and applicable schedule/s. I also agree that the delegation is restricted to the limits stated above.

X
_____ Delegatee Signature

Name:

**Authorisation - Required (Must be signed by person with the Title listed on the name box below)**

X
_____ Approver Signature

Name:

**Finance Use Only**

**Request Actioned**

Date:	
-------	--

Name:	
-------	--

X
_____ Finance Staff Signature