



TRENT UNIVERSITY
DELEGATION OF SIGNING AUTHORITY

Trent University
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Peterborough, ON Canada K9J 7B8
Telephone: (705)-748-1011

PLEASE COMPLETE ALL APPLICABLE SECTIONS AND SUBMIT TO FINANCIAL SERVICES, BH 114

SECTION ONE: DATE

I, account holder, hereby authorize my delegate to complete transactions on my behalf per my instructions noted below.

This delegation is valid for the period:

Effective Date: End Date:

SECTION TWO: ACCOUNT HOLDER

SECTION THREE: DELEGATE

Name:	<input type="text"/>	Name:	<input type="text"/>
Phone:	<input type="text"/>	Phone:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>
Position Title:	<input type="text"/>	Position Title:	<input type="text"/>
Signature:	<input type="text"/>	Signature:	<input type="text"/>

SECTION FOUR: ACCOUNT NUMBERS

Fund:	Department:	Object Code:	Fund:	Department:	Object Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION FIVE: OPTIONS

This authorization is for (please check all appropriate options):

- Limit spending authority of maximum \$ _____ per transaction
- Purchase Requisitions
- VISA Card Transactions
- Receive Account Statements
- Authorize Journal Entries
- Discuss Account Transactions
- Access to Efin

Additional Notes:

- 1) Payments to the delegate must be approved by the Account Holder.
- 2) Research and Trust Statement of Expenditures must be signed by the Account Holder, if applicable.
- 3) The Account Holder must notify Financial Services of any changes in the status of the delegate.
- 4) Related procedures: Procurement of Goods and Services
Supply Chain Code of Ethics
Reimbursement of Travel and other expenses
Corporate Purchase Card