

**INSTRUCTIONS FOR COMPLETING FORM
“TEMPORARY DELEGATION OF FISCAL OFFICER AUTHORITY FORM”**

I. Revoke Fiscal Officer Delegation:

A. In **Section 1** of the “Temporary Delegation of Fiscal Officer Authority” form complete the following fields:

1. Check box “Revoke Fiscal Officer Delegation”

2. Date Submitted: Enter the date the form will be submitted to Accounting Services. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example January 29, 2002 is entered as 29 Jan 2002.

3. Prepared by: Enter the name of the individual preparing the form.

4. Phone No: Enter the telephone number of the individual preparing the form.

B. In **Section 2** of the form complete the following required fields:

1. This Authorizes: Type or Print the names of the Temporary Fiscal Officer Delegate to be revoked and the current Fiscal Officer in the applicable fields.

The image shows a screenshot of the 'TEMPORARY DELEGATION OF FISCAL OFFICER AUTHORITY' form for Southern Illinois University. The form is divided into two sections. Section 1 contains two radio buttons: 'Authorize Fiscal Officer Delegation' and 'Revoke Fiscal Officer Delegation', with the latter selected. A callout box points to the radio buttons with the text 'Click in circle to select.' Section 1 also includes a 'Date Received by Accounting Services' field, a 'Date Submitted' field (filled with '27 Jul 2007'), a 'Prepared by' field (filled with 'SANDY PARTRIDGE'), and a 'Phone Number' field (filled with '618-536-2616'). Callout boxes point to these fields with instructions: 'Enter current date. ie. 27 Jul 2007' for Date Submitted, and 'Enter Name and Phone Number.' for Prepared by and Phone Number. Section 2 contains 'This Authorizes' and 'to sign for' fields, both filled with names. Callout boxes point to these fields with instructions: 'Enter Name of Temporary FO Delegate to be revoked.' for This Authorizes, and 'Enter Name and Phone Number.' for to sign for. Below these are fields for 'Delegate Mail Code' (6812), 'Delegate E-Mail Address' (sandyp4@siu.edu), and 'Delegate Phone Number' (618-536-2616). Callout boxes point to these fields with instructions: 'Enter Mail Code.' for Delegate Mail Code, and 'Enter Phone Number.' for Delegate Phone Number.

C. In **Section 3** of the form complete the following required fields:

1. Budget Purpose: Enter the Budget Purpose value(s) and corresponding Budget Purpose Title(s) over which temporary delegation will be revoked. If there are more than five Budget Purpose values for revocation for a single Delegate by one Fiscal Officer, enter “See Attached” on the first line in this section and attach a list of the Budget Purpose values with corresponding titles.

For Grant accounts that reside in FAS, type the six-digit FAS ledger 6 account number in the ‘Budget Purpose’ field (6-2xxxx) and the FAS account title in the ‘Title’ field.

D. In **Section 4** indicate the reason for revoking delegation. Examples are: the delegate has retired; the delegate has resigned; the delegate has transferred to another department; etc.

Section 3

Budget Purpose: 272008 Title: ACCOUNTING SERVICES
Budget Purpose: 200088 Title: ACCOUNTING SERVICES EXPENSE
Budget Purpose: 202056 Title: GRANT AND CONTRACT ACCOUNTING
Budget Purpose: _____ Title: _____
Budget Purpose: _____ Title: _____
(Attach a listing if more than five Budget Purpose Numbers)

Enter Budget Purpose and Title.

Section 4

Reason for revoking fiscal officer delegation: Delegate has left the university.

Enter reason the revocation of delegation.

E. In Section 5 on Signature Line 2: The Fiscal Officer must sign and date the form.

Section 5

PLEASE READ BEFORE SIGNING:

The designated temporary delegate must be a faculty or staff member of the University. Fiscal Officer Delegations are authorized in one-year increments expiring June 30 of each fiscal year. When signing for the fiscal officer, the temporary delegate must sign the name of the fiscal officer followed by his or her name. For example, Mae Smith is a temporary delegate for fiscal officer John Doe. Mae would sign for the fiscal officer as follows: "John Doe by Mae Smith."

As a Fiscal Officer or Fiscal Officer Delegate for Southern Illinois University, I agree to the following:

1. I am responsible for maintaining the financial resources to meet all commitments and ensuring the propriety of all transactions requested to be posted to the account.
2. I am responsible for providing all required information that is necessary for the appropriate maintenance of the University financial systems.
3. I am required to follow all applicable rules, regulations, and laws related to financial transactions. Any violation of these rules, regulations, or laws may result in revocation of fiscal officership.
4. I understand that entering into agreements that are beyond the scope of my authority as outlined by Board of Trustees policy may result in personal liability.
5. I may submit and validate my authorization of transactions for the University financial systems through electronic means. Such authorizations are considered electronic signatures and are binding under Illinois law. I am responsible for all fiscal transactions authorized by my electronic signature. It is my responsibility to protect the confidentiality of my unique log-on account and password for these systems.

1. _____ Signed by: _____
Fiscal Officer Name (In Delegate's handwriting) Signature of Fiscal Officer Delegate Date

2. _____
Signature of Fiscal Officer Date

Only Fiscal Officer Signature and Date is required.