Instructions for Delegation of Signatory Authority Template

Use the Delegation of Signatory Authority Template below to draft or revise a Delegation of Signatory Authority. Please use Times New Roman in 12 pt. font size. You are not limited to the spacing that appears on the form.

After review by the appropriate university offices, draft Delegations of Signatory Authority should be sent via email (either as a Word document attachment or an Adobe PDF attachment) to regulationspolicies@usf.edu. There should be clear indication in the transmittal that the draft Delegation of Signatory Authority has been reviewed and approved by its responsible office. If it is amended, the drafts submitted must include both a markup version and clean version. Delegations of Signatory Authority will be accepted only through electronic submission.

Please refer to USF System Policy 0-100: Delegations of General Authority and Signatory Authority for more information.
DELEGATION OF SIGNATORY AUTHORITY TEMPLATE

No.: ____

Type of Delegation:

_____ Original:
_____ Sub-Delegation of Delegation Number: ________

Delegator: _______________________
Delegatee: _______________________

Restrictions, Obligations and University Authority: USF System Policy 0-100 provides the parameters of Signatory Authority and includes restrictions and obligations for the signing of any contracts that involve (a) Debt Management, (b) International Programs, (c) Multi-State Contracts, (d) Personnel, (e) Procurement of Goods and Services, (f) Real Property, and (g) Research. Each Delegator and Delegatee is responsible for understanding the Restrictions and Obligations set forth in USF System Policy 0-100.

Delegated Signatory Authority:

Sub-Delegation Authority: This Delegation may/may NOT be Sub-Delegated.

Signature of Delegator: ____________________________________________
Title: ___________________________________________________________
Effective Date: ___________________________________________________
Name of Delegator: _______________________________________________