**Colorado Community College System**

ORG CODE DELEGATIONS AND APPROVALS

|  |  |  |
| --- | --- | --- |
| For Fiscal Year:  | ***FY2018*** |  |
|  |
| **Signature Delegation** |
| ***I am aware that I am responsible for ensuring adherence to the fiscal management roles******and responsibilities policy, State Fiscal rules as well as Procurement Rules, Federal and State******laws on the transactions I approve. I accept this delegation.*** |
| **Printed Name:** |  |
|  |  |
|  ***Signature:*** |  | **Banner ID:** |  |
| ***Initial:*** |  | **S#:** |  | *(Required)* | *(Example: RKelly)* |
|  |
| **Org Code****Number(s):** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|   |
|  | VP/Pres. Direct Report | Limit: $200,000 |  |  | Assoc. Vice President | Limit: $50,000 |
|  | Director or Manager | Limit $10,000 |  |  | Supervisor | Limit: $\_\_\_\_\_\_\_\_\_\_ |
|  | P-Card Only | Limit: $\_\_\_\_\_\_\_\_\_ |  |  | Other Delegate | Limit: $\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Self Service Banner (SSB) Access Request****(Complete only for new requests or access modifications.)** |
| Security Action to be taken**:** | New |  | Modify |  |  |
| Access Required: | Query (view) only |  | Query & Maintenance |  | (Use for PCard) |
|  |
| Requesting action for the following funds and organizations**:** |
|  | ***For Fiscal Dept. Use Only*** |
| Funds: |  |  |  |  |  |  |  |  |  |  |  |  | Sys. Controller Approval: |  |
| Orgs: |  |  |  |  |  |  |  |  |  |  |  |  | Entered on FOMPROF: |  |
|  |  |  |  |
|  |
| ***Signature authority, or the ability to approve purchases on my behalf, is hereby delegated as of*** |
| ***(Date)*** |  | ***through the end of this fiscal year related to the above noted org code*** |
| ***number(s). I understand that this delegation will allow the execution of purchases and authorization of payments up to the amount listed above and will not allow the execution of contracts or other agreements.***  |
|  |
|  |
|  *Approving Official/Supervisor (Signature)* | *Date* |
|  |
| *Division Vice President/President (Signature)* | *Date* |
|  |
|  |
| **ELIMINATION OF SIGNATURE AUTHORITY OR SSB ACCESS** |
| PLEASE **REMOVE** THE ABOVE DELEGATED AUTHORITY FOR: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ SSB |
| *Division Vice President:* |  |  |  |  |
|  | *Signature* |  | *Date* |  |
|  |

***~~ Return this form to Sandy Wallace, CCCS Fiscal Office, Bldg. 959, Phone 303-595-1603 ~~***