

## OBJECTIVES AND RESPONSIBILITIES: Delegation of Signing Authority Form

TO WHOM IT MAY CONCERN, I HEREBY DELEGATE SIGNING AUTHORITY FOR EXPENDITURES TO:

(Please print name and title)		
(Sample signature)		<u></u>
his authorization is for	<del>:</del>	
All expenditures*		
All expenditures*, up *except those precluded by pol and-responsibilities/delec	icy at http://finance.utoronto.ca/p	olicies/gtfm/financial-management/objective-
his authorization will a	apply to the following FIS acc	counts:
CFC	Fund	For specific cfc or fund accounts,
And all subordinat	e cfc's Include all fu	see attached listing nds
This authorization will	remain in effect from	until:
Revoked or Specify end do	ate:	(Start date)
INANCIAL MANAGEME	NT >> FINANCIAL MANAGEN <u>Delegation of Authority</u> . and	Toronto as detailed in the <i>GUIDE TO</i> MENT >> OBJECTIVES AND  I in accordance with those Policies, I do hereby
SIGNATURE OF DESIGNATOR		DATE
NAME & TITLE (please print)		

Form should be kept on file and be readily available as required by Internal Audit and/or Financial Services