

**DELEGATION OF SIGNING AUTHORITY  
FOR PURCHASE REQUISITIONS**

LOCAL: 8326

FAX: 8327

Check one:

Create

Update

Delete

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REQUIRED FOR AUDIT PURPOSES

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ACCOUNT HOLDER	DELEGATE
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DATE Phone No:

Phone No:

UVIC ID: (V00#####) (Print or Type below)	UVIC ID: (V00#####) (Print or Type below)
Position Title: (Print or Type below)	Position Title: (Print or Type below)
SIGNATURE : (FULL REGULAR SIGNATURE) *	SIGNATURE : (FULL REGULAR SIGNATURE) *