(DATE)

(DIVISION/DEPARTMENT)

(DIVISION DIRECTOR NAME) **Division Director**

_____ _____

SIGNATURE **DATE**

Phone ☎: _____
Fax 🖷: _____
Cell : _____

For purposes of "Signature Authority" refers to authority that is in all instances; (1) Subject to applicable budget restrictions and the availability of funds;(2) Subject to compliance with LLBO Purchasing Policies and Procedures; (3) In observation of the Standards of Conduct – Conflicts of Interest, (LLBO Property and Procurement Policy, section V., subsection F.)

Delegation of signature authority may be made on a "per occurrence" basis through memorandum to the Purchasing Department or by listing authorized employee(s) below.

Include employee's name, title, signature, and amount authorized to sign for.

_____	_____	_____
_____	_____	_____
_____	_____	_____
NAME / TITLE .	SIGNATURE .	AMOUNT

List any signature restriction(s) or comments: _____
_____
_____

Please note: Only original signatures (no signature stamps) will be allowed.