



(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.