Print Form

SPECIMEN SIGNATURE RECORD

INCUMBENT NAME		POSITION No.
DEPARTMENT/AGENCY	SAM USER ID	POSITION TITLE
SUPERVISOR NAME		SUPERVISOR'S POSITION TITLE

DESCRIPTION OF AREA OF AUTHORITY
Please specify SAM coding: Org, Area, and Project (option)

See FAM 130

A. Designated Expenditure Officer (pre-encumbrance, encumbrance, and charge authorization)
B. Designated Expenditure Officer (**adjustment** authorization)
C. Designated Accounting Officer (**expenditure certification** and **disbursement authorization**)
D. Designated Revenue Officer (**receipting**, **recording** and **safeguarding**)
E. Delegated Contract Authority Officer

Specify Maximum Budget Authority

FULL
$500,000
$250,000
$100,000
$50,000
$25,000

ORG	AREA	PC Bus Unit	Project (optional)	*A	B	C	D	E	TA Authority	ER Approval	*CA Approval
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EXCEPTIONS/RESTRICTIONS e.g. VISA One expenditure level, trust funds

DESCRIPTION - Please specify SAM coding (If applicable)	Limit A	B	C	D	E

FOOTNOTES

1. SPECIMEN SIGNATURE

I certify that I have received training and understand and accept my designated and/or delegated responsibilities to exercise my specified authorities in accordance with all applicable Legislation, Regulations and Government Policies. Failure to comply with the above may result in revoking of my authority and/or disciplinary action.

_____ _____

INCUMBENT (Signature) DATE

2. SUPERVISORS APPROVAL

I certify that I have provided training and will monitor activity specified above in accordance with all applicable Legislation, Regulations and Government Policies. Failure to comply with the above may result in revoking of my authority and/or disciplinary action.

_____ _____

SUPERVISOR (Signature) DATE

3. STANDING ACTING APPOINTMENT (FAM IB 130.01)

ACTING POSITION TITLE	Position Number	POSITION'S SUPERVISOR (Signature)	DATE

4. AUTHORITY and DEPARTMENTAL/AGENCY APPROVAL

I certify that the above information is accurate and in accordance with all applicable Legislation, Regulations and Government Policies.

***Pursuant to FAM 130.03 Standard Delegated Powers and Duties.**

_____ _____

DIRECTOR OF FINANCE OR EQUIVALENT (Signature) DATE

5. EXTERNAL DEPARTMENTAL APPOINTMENT Appointee is from another Department - Expenditure or Revenue or Accounting Officer **FAA 84(1) & (2); 85 (1) & (2)**

_____ _____ _____

DEPUTY MINISTER of EXTERNAL DEPARTMENT (Signature) EXTERNAL DEPARTMENT DATE

ORG	AREA	Project BU	Project (option)	A	B	C	D	E	TA Authority	ER Approval	*CA Approval