

Delegated Authorization Form

Office of Procurement and Strategic Sourcing • Procurement Card Program



NOTES REGARDING THIS FORM

Please note that a stamped signature, facsimile signature or initials are not acceptable for this authorization form. The original signed authorization form must be attached as part of the documentation for each transaction utilizing the delegated authorization form.

If you have any questions about this form, please contact the Office of Procurement and Strategic Sourcing at 512.245.2521

ACCOUNT INFORMATION

Account Name

Cardholder's Name

Procurement Card Number (last 4 digits)

Cardholder's Phone and E-mail

Fund/Cost Center/Internal Order

Effective Date(s)

To

TEXAS STATE STAFF OR FACULTY DELEGATED AUTHORIZATION INFORMATION

As the cardholder I authorize, _____ to make purchases on my behalf using my Procurement Card.

Cardholder's Name

Cardholder's Title

Cardholder's Signature

Date

Delegee's Name

Delegee's Title

Delegee's Signature

Date

STUDENT WORKER DELEGATED AUTHORIZATION INFORMATION (Must be approved by Procurement and Strategic Sourcing prior to delegation)

As the cardholder I authorize, _____, A Student Worker, to make a purchase on my behalf using my Procurement Card.

Cardholder's Name

Cardholder's Title

Cardholder's Signature

Date

Student Worker Delegee's Name

Student Worker Delegee's Title

Student Worker Delegee's Signature

Date

Procurement and Strategic Sourcing Approval

Date