**PD-92 CONTRACT SIGNATORY DELEGATION**

In accordance with Montana State University’s [Contract Approval and Execution Policy](https://www.montana.edu/policy/contract_approval.html), specific administrators have been delegated signature authority by the president. The policy allows for further delegation of signature authority where the delegation will enhance effectiveness and efficiency without risking the integrity of the internal controls necessary for accountability. Delegates must meet all the requirements detailed in section 530.00 of the policy. As appropriate, specify below the recommended signature authority delegation’s contract type, subject matter or jurisdictional area, and contract value limitations. Submit the completed and fully signed form to Procurement and Contract Services at [procurement@montana.edu](mailto:procurement@montana.edu). Department/Unit must also keep delegation of authority forms on file in compliance with the Montana University System [General Record Retention Schedule](https://www.montana.edu/policy/hr_policies/mus_record_retention_schedule.html).

**Authorized Signatory making this recommendation:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Official recommended for designation as an authorized signer with the limitations below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Delegate | Position | Financial org(s) / Departments | $ Threshold | Expiration Date |
|  |  |  |  |  |

**Can authority be sub-delegated? Yes  No**

Additional limitations for contract signatory delegation if applicable (attach additional sheets if necessary)

|  |
| --- |
|  |

**Authorization:** By signing below, I grant signature delegation to the above delegate, and certify that this delegate has completed the required training and is appropriate per the requirements of Contract Approval and Execution policy, section 530.00.

**Authority Delegated from:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegator Signatory

Date:

**Authority Delegated to:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegee Signatory

Date:

**\*\*For Procurement and Contract Services Only\*\***

**By signing below, the contract signatory delegation has been accepted**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procurement & Contract Services

Date: