

Delegated Authority

| Your name: | |
|---|--|
| Your finance system user id: | |
| Name of substitute/s to cover for you: | |
| | |
| Date of cover start date/end date unless ongoing cover: | |
| Are you a Head of school/cost centre?: | |
| Your e/signature: | |
| Once completed please send to : <u>financeservicedesk@sussex.ac.uk</u> | |
| Please ensure you are fully aware of the Delegation policy which can be found here: Financial Delegations Policy [PDF 509.98KB], before completing this form. Please ensure that the person you are delegating to is aware of their responsibilities and has completed the Authorising Expenditure eLearning, failing to do so could mean you are in breach of the Finance Regulations. | |
| For FSD only | |
| If the above is a head of school/cc – please obtain approval from management reporting and director of finance. | |
| Updated April 2021 | |

