



I hereby delegate authority to execute contracts on behalf of Ithaca College to the Delegate named below under the following terms and conditions.

1. The only contracts subject to this delegation are those that meet the requirements described below, for which the Delegate will be regularly and routinely responsible as part of his or her official duties.
 - a. **Contract types:**
 - b. **Dollar limit** (may be \$0.00 [zero], if non-spending): _____
2. I will be responsible for assuring that the Delegate complies with Policy Manual Section 2.41 "Contract Review and Approval Policy" and receives adequate training to carry out contract-related responsibilities.
3. This delegation is made pursuant to the above College Policy and is subject thereto. I understand that I am fully responsible for updating and revoking this authorization should this employee leave or transfer out of my unit.

Vice President Name

Division

Signature

Date

Delegate Supervisor Name
(if applicable)

Title
(if applicable)

Signature

Date

Delegate Acknowledgment

I acknowledge that I have read, understand, and agree to all of the elements of this Signatory Authority Delegation Form and the Ithaca College Contract Policy.

Delegate Name

Title

Signature

Date

FOR USE BY THE OFFICE OF THE GENERAL COUNSEL ONLY

Revocation authorized by:

Effective date of revocation: