

**UNIVERSITY OF HAWAII
FISCAL ADMINISTRATOR APPOINTMENT
AND
DELEGATION OF PURCHASING AUTHORITY FORM**

DATE: _____

Action:	New	Change	Transfer	Terminate	Effective Date _____
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Section A – Fiscal Administrator Appointee Information

FISCAL ADMINISTRATOR'S NAME (<i>Last Name, First Name Middle Initial</i>)	PRIMARY FO CODE:
	SECONDARY FO CODE(S):

DEPARTMENT/UNIT: _____

CAMPUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DEPT CONTACT: _____ PHONE: _____ E-MAIL ADDRESS: _____

THIS APPOINTMENT IS REPLACING (*Select one*):

FISCAL ADMINISTRATOR (*Name*): _____ FO CODE(S): _____

ASSISTANT FISCAL ADMINISTRATOR (*Name*): _____ FO CODE(S): _____

Section B - Purchasing Authority Information

LIMITATIONS ON AUTHORITY/COMMENTS (*For example, "No construction." Specify below*)

The appointee will be granted the Purchasing Authority with a dollar limit of \$ _____ .

Section C – Request

DEAN / DIRECTOR

Signature: _____

Print Name: _____ Date: _____

Section D – Approval

VICE-PRESIDENT / CHANCELLOR / VICE CHANCELLOR for ADMINISTRATION

Signature: _____

Print Name: _____ Date: _____

Return completed form to:

Director of Financial Management and Controller ~ Financial Management Office ~ 1406 Lower Campus Rd, Rm 41 ~ Honolulu, HI 96822

For Financial Management Office Use Only

Distribution: Requestor Bursar Disbursing FSO GALC OPRPM PFMO Treasury Other: _____

FA Training Date: _____