Print Form

SPECIMEN SIGNATURE RECORD

INCUMBENT SURNAME	GIVEN NAME (S)	DATE APPOINTED	POSITION No.

BUSINESS UNIT NAME	BUSINESS UNIT NUMBER	POSITION TITLE

SUPERVISOR SURNAME	GIVEN NAME	SUPERVISOR"S POSITION TITLE

DESCRIPTION OF AREA OF AUTHORITY (NOTE: "FULL"=Full authority restricted only by the budget of the specific program) **See FAM 1802**	Expenditure Officer	Maximum Authority ($000)	Accounting Officer	Maximum Authority ($000)	Contract Authority Officer	Maximum Authority ($000)	Revenue Officer	Maximum Authority ($000)
A. Pre-encumbrance - Initiation of contract, expenditure or disbursement	☐		☐					
B. Commitment - Certification of an obligation	☐		☐					
C. Charge - Certification of contract performance/price, expenditure or disbursement	☐		☐					
D. Adjustment - Certification of adjustments	☐		☐				☐	
E. Contract Transaction					☐			
F. Revenue Receipting							☐	
G. Revenue Allocation			☐				☐	

EXCEPTIONS/RESTRICTIONS

EXPENDITURE OFFICER

EXCEPTIONS/RESTRICTIONS	Limit ($000)			
	A	B	C	D

ACCOUNTING OFFICER

EXCEPTIONS/RESTRICTIONS	Limit ($000)				
	A	B	C	D	G

CONTRACT AUTHORITY

EXCEPTIONS/RESTRICTIONS	Limit ($000)			
	E			

FOOTNOTES

1. SPECIMEN SIGNATURE

I certify that I understand my responsibilities as defined in the Financial Admininstration Act, Regulations and Financial Admininstration Manual.

INCUMBENT _____ DATE _____

2. SUPERVISORS APPROVAL

SUPERVISOR _____ DATE _____

3. EXTRA-DEPARTMENTAL APPOINTMENT

Appointee is from another Department (Expenditure or Accounting Officer - **FAA 41(1) & (2)**)

DEPUTY MINISTER of APPOINTEE'S DEPARTMENT _____

4. ACTING/STANDING APPOINTMENT

☐ Acting Appointment From: _____ To: _____

☐ Standing Acting _____
Acting Position

POSITION'S SUPERVISOR _____ DATE _____

5. (a) CONTRACT AUTHORITY DELEGATE (Contract Regulations)

I understand the terms and conditions of this delegation and hereby accept responsibility to exercise the above powers and duties in accordance with the stated requirements.

DELEGATE _____ DATE _____

6. CERTIFICATION OF LIMITS

I certify that the limits are less than or equal to maximum limts approved on the Financial Signing Authorities Spreadsheet

DEPARTMENTAL DIRECTOR OF FINANCE _____

5. (b) CONTRACT AUTHORITY DELEGATION (Contract Regulations 5(1))

Pursuant to Section **5(1)** of the Contract Regulations I delegate my powers and duties as a contract authority to the above named delegate with the limits and exceptions as noted.

DEPUTY MINISTER _____ DATE _____

7. ACCOUNTING OFFICER DESIGNATION (FAA 42(1))

Incumbent is designated as an accounting officer

APPROVED

COMPTROLLER GENERAL _____ DATE _____