

## HARRISON COUNTY

### DELEGATION OF AUTHORITY FORM:

This form must be completed by the Department Head/ Elected Official. The completed Delegation of Authority Form must be received by the Harrison County Auditor's Office before signature authority will be granted.

**Authorization:** Agreement to initiate Budget Transfers on behalf of the specified Department Head or Elected Official.

I, \_\_\_\_\_ authorize the individual named below to make budget transfers requests in my name that are necessary to accomplish the objectives of our department. The individual to whom the signature authority is delegated has direct knowledge of the needs of our department.

**Delegated Individual Information:**

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

**Delegation Period:** *Start:* \_\_\_\_\_ *End:* \_\_\_\_\_

**Add:** \_\_\_\_\_ **Remove:** \_\_\_\_\_

**Limitations:** \_\_\_\_\_

\_\_\_\_\_

I agree to function as a delegate to request budget transfers for the above mentioned Department Head/ Elected Official. I certify that I have:

- Direct knowledge of the above mentioned department.
- Awareness of Harrison County policies.
- Awareness of compliance requirements.
- Knowledge of the transactions that I approve.

\_\_\_\_\_  
Delegated Employee Signature:

\_\_\_\_\_  
Department Head/Elected Official Signature: