

DELEGATE A PROXY

General Ledger Access & Spending Authority Form

Purpose of this form - To assign a Proxy delegation for a general ledger account to a UPEI faculty or staff member. A Proxy cannot be assigned to a Research Project or Special Purpose Project account. This form is prepared in accordance with the [UPEI Spending Authority Policy](#).

Definition: Proxy means a UPEI employee who has the authority to represent the Account Authority in their absence. For this policy, the individual must understand the financial responsibilities under this policy and the authority to make decisions in the absence of the Account Authority. Generally, this person has the title of "Acting".

Proxy Information

| | |
|-----------------------|--|
| Name | |
| Employee ID | |
| Email Address | |
| Position Title | |
| Start Date | |
| End Date | |

General Ledger Account Information

| Department Number | Department Name | General Notes |
|---------------------|-----------------|---------------|
| e.g. 10-1-10-123456 | | |
| | | |
| | | |

Account Authority Information

| | | | |
|---|--|------------------|--|
| As Account Authority, I understand the implications of approving this request. This setup will enable the user to: | | | |
| General Ledger Access | View all budget and actual figures for the GL accounts requested in the above parameters Initiate requisitions and request for payments | | |
| Spending Authority | Authorize the expenditure or commitment of University funds Automatically approve all requisitions / request for payments initiated within spending authority limit | | |
| By signing this form I acknowledge that the delegate(s) understand their role and responsibilities as they relate to UPEI's policies and procedures, specifically the UPEI Procurement , Spending Authority , and Signing Authority Policies. | | | |
| Name | | Signature | |
| Employee ID | | Date | |

Once this form is completed and signed, please send a scanned copy to financeforms@upei.ca

| | |
|----------------------------------|-------------------|
| Financial Services Office | |
| Manager Signature | |
| Date | |
| Colleague Configuration | |
| Data Control Signature | |
| Date Processed | |
| Notes | |
| GLRD: | GLRD Description: |
| APGL: | APGL Description: |
| | |
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