

Request General Ledger (GL) Viewing Access / Delegate Spending **Authority Form**

Purpose of this form - To delegate GL account access and / or spending authority to a UPEI faculty or staff member for a specific GL / Project account.

| This form is prepared in accorda | ance with the <u>UPEI Spend</u> | ling Authority Policy. | | | | |
|--|---------------------------------|----------------------------|--|----------------------------------|---|--|
| Start Date | | | | | | |
| End Date (if applicable) | | | | | | |
| * If this form is being used for a sh | nort-term delegation, an end | date must be entered above | | | | |
| | · · | | | | | |
| New GL Viewing Access | / Spending Author | ty information | | | 1 | |
| Name | Employee ID | Email Addres | S GL Access (Y/N)* | Spending Authority (Y/N)** | Approval Limit (\$2,000, \$5,000, or \$100,000) *** | |
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| GL Account Details | | ***Spending autho | **! rity approval limits are set in c | Spending authority requi | uired for spending authority red to approve payroll hours I Spending Authority Policy | |
| Cost Centre No.(s) | Project ID (If applicabl | | Cost Centre Name(s) / General Notes | | | |
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| Object Code Access Required (please select one) | | | | | | |
| □ All Codes (revenue/expense) □ Expense Only □ Non-Salary Expense Only | | | | | | |
| Lapense Only 1 Non-Smary Expense Only | | | | | | |
| 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 <u>Procurement</u> , <u>Spending Authority</u> , and <u>Signing Authority</u> Policies. | | | | | | |
| Name | specifically the OTE | 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 | | | | | | |
| Truces | | | | | | |
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Protection of Privacy - The personal information requested on this form is collected under the authority of Section 31(c) of the PEI Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of granting account access. Direct any questions about this collection to Financial Services, University of Prince Edward Island, 550 University Avenue, Charlottetown PE C1A 4P3 (902)566-6000.