

**Health PEI  
REQUEST FOR DELEGATED FINANCIAL SIGNING AUTHORITY**

<input type="checkbox"/> INCREASE EXISTING LIST AS FOLLOWS:	<input type="checkbox"/> REMOVE EMPLOYEE AS FOLLOWS:	<input type="checkbox"/> ADD NEW EMPLOYEE AS FOLLOWS:
FIRST NAME                                  INITIAL                  LAST NAME		EMPLOYEE #
POSITION		DEPARTMENT / FUNCTIONAL CENTRE

<b>GENERAL SIGNING AUTHORITY</b>								
TYPE OF DOCUMENT	AMOUNT / \$ LIMIT	ACCOUNT CODES					ALL	
		DEPT.	SERVICE	FACILITY	PRIMARY	SECONDARY	PROGRAM	
LIMITED PURCHASE ORDER (L.P.O.)							00000	<input type="checkbox"/>
WORK ORDER							00000	<input type="checkbox"/>
REQUISITION TO PURCHASE							00000	<input type="checkbox"/>
INVOICE APPROVAL / PAYMENT REQUEST							00000	<input type="checkbox"/>
PURCHASE ORDER							00000	<input type="checkbox"/>

CHECK BOX UNDER "ALL" TO SELECT ALL APPLICABLE ACCOUNTS UNDER THE INDICATED ACCOUNT SEGMENTS

I UNDERSTAND THE NATURE OF THE FINANCIAL SIGNING AUTHORITY REQUESTED FOR ME AND I AGREE TO EXERCISE THIS AUTHORITY WITHIN THE ABOVE PARAMETERS.

DATE	SPECIMEN SIGNATURE	
DATE	SUPERVISOR'S SIGNATURE	Executive Director's SIGNATURE

I DELEGATE FINANCIAL SIGNING AUTHORITY AS DESCRIBED HEREIN.

DATE	COMPTROLLER or COO of Corp Serv & Pharmacare	DATE	CEO Health PEI

FINANCIAL AUTHORITY LIST UPDATED BY:

NAME	DATE

**Note:** This signing authority delegation is separate from (and does not apply to) authority in relation to employment contracts, service contracts or any other agreements/contracts or OOP Travel authorization.