

Budget Division | Signature Authorization/Delegation Form

Agency Name: _____

Agency code: _____

Effective Date: _____

| | | |
|---|-------------------------|--------------------------|
| Department Head ONLY Cannot be delegated | Interview expenses | IFC Contingency requests |
| | Moving expenses | Statutory Contingency |
| | Emergency work programs | |

| | | |
|--|--|--|
| Employee Name (Please Print) Employee Signature | <input type="checkbox"/> Contracts/Amendments | <input type="checkbox"/> Gifts/Donations |
| | <input type="checkbox"/> Current/former employee | <input type="checkbox"/> BOE Action Items |
| | <input type="checkbox"/> Leases | <input type="checkbox"/> IFC Action Items |
| | <input type="checkbox"/> NPD-4 | <input type="checkbox"/> NEBS User Forms |
| | <input type="checkbox"/> NPD-19 | <input type="checkbox"/> Other (explain below) |
| | <input type="checkbox"/> 15-day work programs | |

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By signing this form, I acknowledge that GFO staff has the authority to approve the selected documents for the agency on behalf of the individuals listed.

Printed Name of Appointing Authority: _____

Signature of Appointing Authority: _____

PRINT, COMPLETE, SIGN, SCAN & SUBMIT VIA E-MAIL TO: Budget@finance.nv.gov