

HUMBOLDT STATE UNIVERSITY

Delegated Fiscal Authority and Responsibility Certificate of Understanding

I understand that I have been granted fiscal expenditure authority for programs under my responsibility, by virtue of the position I hold and that I have the responsibility to ensure that funds under my area of responsibility are used appropriately, legally, and not over-committed.

I certify that I have read and understand the University Funds Overview. I understand that if I have questions concerning the authorization of any expenditure, that I may call Financial Services and talk to the Director regarding my question(s).

Print Name (please use BLUE ink)

Title (please print)

Signature

Date