

HEAD OF DEPARTMENT SPECIMEN SIGNATURE FORM

Please refer to the Financial Delegations Policy at: https://www.otago.ac.nz/administration/policies/financial-delegations-policy

(Please use BLACK Ball Point Pen and BLOCK PRINT)

Name of Cost Centre:			
Division			
Cost Centre Ledger Code: (example: WB)			
Name of Head of Cost Centr) :		
Signature of Head of Cost	Centre: Please make your signatu	re as big as possible (Please	use a BLACK ball point pen)
Date effective from:	Unive	ersity ID:	
Authorised by Senior Leadership team member relevant to this cost centre (please include full name and signature)			

Upon completion of this form, the signed form needs to be scanned and emailed to financial.accountant@otago.ac.nz. Also kindly ensure that your email confirms the full name of current HOD whose delegation for this cost centre should be removed.

Date signed