

d u % o š í Delegation and Revocation of Signing Authority

- Section1:

NAME OF DELEGATE:

POSITION:

EMAIL:

PHONE NUMBER:

SECTION 2: REVOCATION OF DELEGATED AUTHORITY

Section 2 is to be completed only when the signing officer decides to ~~revoke~~ signing authority that has been delegated by them in Accordance with the ~~Policy~~ Policy on the Approval of Contracts and Designation of Signing Authority.

TO BE COMPLETED BY SIGNING OFFICER

I _____ (name and title) revoke the delegation of authority granted to _____ in accordance with the ~~Policy~~ Policy on the Approval of Contracts Pj 0.0--L (to)(g)2.334175(t7-8.91yel)-6.41.al
