

MEMORANDUM

TO:

FROM:

DATE:

SUBJECT: Central Office Transaction Authority Form

*35 State Street
Albany, New York*

*Mailing Address:
Post Office Box 9
Albany, New York
12201-0009*

www.rfsuny.org

In order to efficiently carry out Research Foundation (RF) day-to-day business you are authorized to act in the name of the RF in the following capacity:

1. **You may authorize personnel transactions, for example, onboarding, off-boarding, promotions, and salary.**

Yes No

Enter amount

2. **You may authorize accounts payable expenditures, for example, check requests, expense reports, and invoices.**

Yes No

Enter amount

Enter account type

For example, departmental OTPS (e.g. Finance OTPS). Do not use project numbers.

Please detail any specific restrictions:

For example, Internal Audit OTPS specific to tuition reimbursement.

If none select N/A

3. You may authorize procurement, for example, requisitions, single/sole source documents, contracts, and independent contractor agreements.

Yes No

Enter amount

Enter account type

For example, departmental OTPS (e.g. Finance OTPS). Do not use project numbers.

Please detail any specific restrictions:

For example, Human Resources OTPS only for travel.

If none select N/A

Note: Per the [Conflict of Interest Policy](#), any individual with procurement authority equal to or exceeding \$100,000 per transaction are required to annually submit a Conflict of Interest Disclosure Statement electronically.

6. You are delegated authority to authorize refunds to sponsors.

Yes No

Enter amount

Please detail any specific restrictions:

For example, unlimited amount, authorize wire transfers over 1 million.

If none select N/A

7. You are delegated authority to authorize bank accounts.

Yes No

Enter amount

Please detail any specific restrictions:

If none select N/A

8. You are delegated authority to authorize fringe benefit and tax payments, for example, benefit bills, tax payments, parking withholding or other withholdings.

Yes No

Enter amount
Please detail any specific restrictions:

If none select N/A

You are authorized to further delegate this authority to other qualified designees as needed in order to operate the business of the Research Foundation. You may not delegate authority that is inconsistent with or greater than your own authority. Any delegation of your authority must comply with the [Delegation of Authority Policy](#) and [Delegation of Authority Procedure](#). This authority is effective immediately and shall continue until revoked in writing by me or a subsequent supervisor.

Acknowledged and Agreed

Delegator Signature and Date: _____

Designee Signature and Date: _____