## **► INSTRUCTIONS**

- DETERMINE STATUTORY AUTHORITY
- DETERMINE POWERS AND/OR DUTIES
- . COMPLETE FORM AND SIGN
- . SUBMIT TO SECRETARY OF STATE
- SEND COPIES TO AFFECTED AGENCIES
- EXECUTE SEPARATE RESCINDING ORDER FOR PREVIOUS HOLDER OF THIS POSITION AND SUBMIT TO THE SECRETARY OF STATE

NAME OF DESIGNEE (INCLUDE TITLE)

DAN CARLSON



## DELEGATION / RECISION OF AUTHORITY

		PERSON DELECATING RESCUNDING (INCLUDE TITLE)
DEPARTMENT (BUREAU, AGENCY, ETC.)		PERSON DELEGATING/RESCINDING (INCLUDE TITLE)
Department Of Administration InterTech		Dana Badgerow Commissioner
I HEREBY DELEGATE THE FOLLOWING POWERS		AUTHORITY CITED:
AND/OR DUTIES TO THE ABOVE NAMED DESIGNEE,		PURSUANT TO: M.S. 15.06, SUBD. 6
EFFECTIVE: 03 10 93  Month Day Year		PURSUANT TO: M.S. 16B.06, SUBD. 2
		PURSUANT TO:
SIGN PERSONNEL TRANSACTIONS		SIGN PAYMENT BATCH COVER SHEETS
SIGN PAYMENT TRANSACTIONS		PICK UP PAYROLL WARRANTS
SIGN PAYROLL ROSTERS	X	SIGN PURCHASING DOCUMENTS
EXECUTE CONTRACTS .	$\Box$	OTHER (EXPLAIN)
EXECUTE CONTRACTS		
		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN
THE PERSON OF TH		
- I SE O SE SE SE SE SE		
		The state of the s
I HEREBY RESCIND ALL PRIOR DELEGATIONS OF AUT	HORIT	Y ON FILE FOR THE ABOVE NAMED
PERSON, EFFECTIVE:  Month Day Year		$\bigcap$
	SIGNA	TURES
Aom B Rens		X June of Designer
DELEGATING RESCHOING AUTHORITY		DESIGNEE
THE SIGNATURE OF THE COMMISSIONER OF ADMINISTRATION IS REQUIRED ONLY IF THE DELEGATION	IS	► RESERVED FOR USE BY THE SECRETARY OF STATE
PURSUANT TO M.S. 16.06B, SUBD. 2 (CONTRACTS). SIGNATURE		OFSIAIE
SIGNATURE -		
TO SOLUTION OF A DAMAGE PATION		
APPROVED, COMMISSIONER OF ADMINISTRATION Opies to:		STATE OF MINNESOTA
in the second se		DEPARTMENT OF STATE
		FILED
		MAR 17 1993
		1-10
		Joan anderson Grove
		Secretary of State