



Delegation/Rescission of Authority

Number 201

Name of Designee (Include Title)  
Carol Carlson, Accounting Officer

Instructions

- Determine Statutory Authority
- Determine Powers and/or Duties
- Complete Form and Sign
- Submit to Secretary of State
- Send Copies to Affected Agencies
- Executive Separate Rescinding Order for Previous Holder of This Position and Submit to the Secretary of State

Department (Bureau, Agency, etc.) Department of Finance	Person Delegating/Rescinding (Include Title) Rosalie Greeman, Assistant Commissioner
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I hereby delegate the following powers and/or duties to the above named designee, effective:

\_\_\_\_\_  
Month Day Year

Authority Cited:

- Pursuant to: M.S. 15.06, subd. 6
- Pursuant to: M.S. 16B.06, subd. 2
- Pursuant to: \_\_\_\_\_

- Sign Personnel Transactions
- Sign Payment Transactions
- Sign Payroll Rosters

- Sign Payment Batch Cover Sheets
- Pick Up Payroll Warrants
- Sign Purchasing Documents
- Other (Explain) \_\_\_\_\_

I hereby rescind all prior delegations of authority on file for the above named person effective: July 24, 1996

Signatures

*Rosalie Greeman*

Delegating/Rescinding Authority

◆ The signature of the Commissioner of Administration is required only if the delegation is pursuant to M.S. 16.06B, subd. 2 (Contracts)

Signature

Approved, Commissioner of Administration

Copies to:

\_\_\_\_\_  
Designee

◆ Reserved for Use by the Secretary of State



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