



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.)	Person Delegating/Rescinding (Include Title)
Department of Finance	Rosalie Greeman, Assistant Commissioner

☐ I hereby delegate the following powers and/or duties to the above named designee, effective:

Month Day Year

Authority Cited:

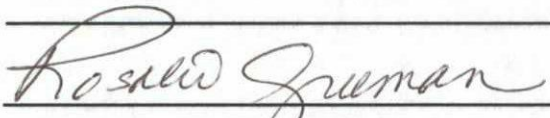
- ☐ Pursuant to: M.S. 15.06, subd. 6
☐ Pursuant to: M.S. 16B.06, subd. 2
☐ Pursuant to: _____

- ☐ 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


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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