

Faculty of Science
Department of Chemistry
2036 Main Mall
Vancouver, BC, Canada V6T 1Z1

Phone 604 822 3266 Fax 604 822 2847 www.chem.ubc.ca

To: Whom it may Concern	
From:	
Date:	
Subject: Delegation of Order Approval	
I would like to delegate my order approvals in the the following person to act as my approver.	e Chemistry Stores Online Requisition system to allow
Delegate name:	
Delegate signature:	
Reason for delegation:	
for the following time period: Start date	End date
The delegation of order approval will be active fo	or the following speedcharts:
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.
	ovals, I in no way abdicate my responsibility for the and that all purchases, transactions and reconciliations
are my sole responsibility.	
Sincerely,	
Signature:	
Print Name:	