

## Delegation of Disbursing Authority: Frequently Asked Questions

1. Who are the participants on the form?
  - a. Fiscal Officer, Agency Head or Chancellor, Reviewer (optional). The reviewer receives a copy of the form and is not required for signature.

### PowerForm Signer Information

Please enter your name and email to begin the signing process.

Your Role:

**Fiscal Officer** \*

Chief Fiscal Officer  
for the Agency or  
University -

Your Name:

Your Email:

Please provide information for any other signers needed for this document.

Role:

**Agency Head/Chancellor**

Highest level  
of Leadership

Name:

Email:

Role:

**Reviewer**

Reviewer will receive an email and copy of the form at the same time as the Agency Head or Chancellor. Reviewer can manage the signing process. ex: Executive Assistant to Chancellor or Agency Head

Name:

## 2. Why am I receiving emails from Wendy Francis via DocuSign?

You will receive two emails from Wendy Francis via DocuSign. One email will provide an access code to be entered into a subsequent email which begins the signing process. Access codes are different each time the signing process is initiated.

**Email Validation Code** 

**From:** Sent on behalf of DocuSign

Hello Test CFO Name,

You recently started signing a document that required email validation.

The Email Validation Code for the document called 'Delegation of Disbursing Authority - Agencies and Universities' appears below. Please type or copy this code and paste it into your browser to continue your signing process.

0976f8e1  **Enter as code in email**

If you have closed the browser session that generated this email validation code, you may continue your signing process by clicking below. Signing will not be complete until you have reviewed the document and you have confirmed your signature.

If you did not start signing documents from Wendy Francis today, you should immediately notify us.

**Resume Signing**

This message was sent to you by Wendy Francis who is using the DocuSign Electronic Signature Service. If you would rather not receive email from this sender you may contact the sender with your request.

If you need assistance, please contact DocuSign Support ([service@docusign.com](mailto:service@docusign.com))

The Global Standard For Digital Transaction Management™

Please enter the access code to view the document

From:  **Wendy Francis**  
Office of State Controller State of North Carolina - 2

An email has just been sent to your email address with a special validation code in it. To proceed to sign your documents please open your email, and enter the code into the box below. Keep this browser window open while you get your email.

Access Code

Validate

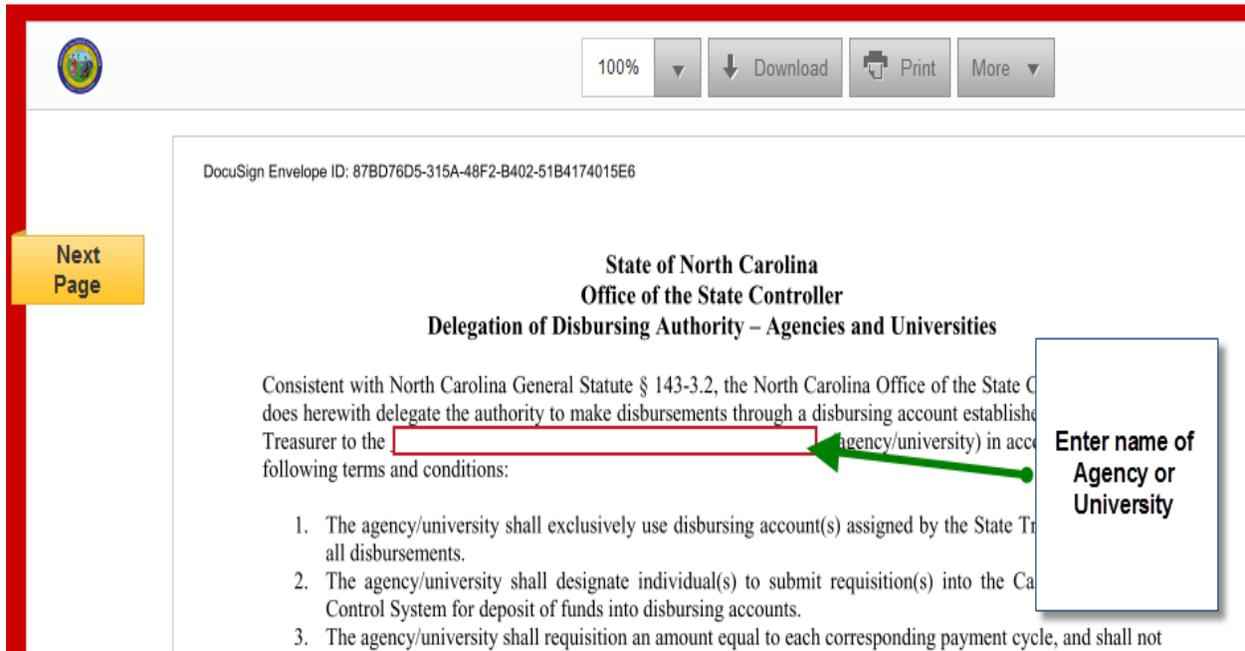
I never received an access code

ENTER CODE FROM EMAIL

Remember to validate the access code.

3. What are the **red** boxes in the form?

Required fields are designated by a red box. Type the required information in the field. The form will not process without data in the required field.



DocuSign Envelope ID: 87BD76D5-315A-48F2-B402-51B4174015E6

**State of North Carolina**  
**Office of the State Controller**  
**Delegation of Disbursing Authority – Agencies and Universities**

Consistent with North Carolina General Statute § 143-3.2, the North Carolina Office of the State Controller does herewith delegate the authority to make disbursements through a disbursing account established by the Treasurer to the  (agency/university) in accordance with the following terms and conditions:

1. The agency/university shall exclusively use disbursing account(s) assigned by the State Treasurer for all disbursements.
2. The agency/university shall designate individual(s) to submit requisition(s) into the Cash Management Control System for deposit of funds into disbursing accounts.
3. The agency/university shall requisition an amount equal to each corresponding payment cycle, and shall not

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Enter name of Agency or University

**4. Will the form indicate where to sign?**

**Yes – The “Sign Here” indicator will direct you where to sign.**

On behalf of the above named agency/university, the signatories agree to comply with the aforementioned terms and conditions and accept responsibility for ensuring strict compliance with this delegated disbursing authority.

_____	_____
(Agency Head/Chancellor)	(Date)
	
_____	7/21/2014   13:37 PM ET
(Fiscal Officer)	(Date)

The above named agency/university is granted disbursing authority in accordance with the terms and conditions set forth in this Agreement. The term of this delegation shall be from the date below and shall continue until notice in writing to the Agency Head/Chancellor from the State Controller that the delegation to disburse funds through a disbursing account is revoked or any of the signatories to the agreement no longer serves in their current capacity.

_____	_____
(State Controller)	(Date)

**After choosing an electronic signature, a confirm signing indicator will appear on the left hand side of the document. Confirm, and your part of the signature process is complete. A completed copy of the signed document is available for download and review. The form will continue the process to the next person.**

	<p>supporting payment e stamps/plates; ble instruments; State Auditor; and kly, monthly and annual) financial reporting requirements subsystem of the State agency, as defined in G.S. 147-64.4(4), f the State Controller. e discretion of the State Controller if, in his opinion, the terms y adhered to.</p>								
	<p>All required fields complete.</p> <p>You will have an opportunity to save your copy on the next screen.</p> <p>Click "Confirm Signing" when you are ready.</p>								
	<p>On behalf of the above named agency/university, the signatories agree to comply with the aforementioned terms and conditions and accept responsibility for ensuring strict compliance with this delegated disbursing authority.</p> <table border="0"><tr><td>_____</td><td>_____</td></tr><tr><td>(Agency Head/Chancellor)</td><td>(Date)</td></tr><tr><td>DocuSigned by: TEST CFO NAME</td><td>7/24/2014   14:19 PM ET</td></tr><tr><td>(Fiscal Officer)</td><td>(Date)</td></tr></table>	_____	_____	(Agency Head/Chancellor)	(Date)	DocuSigned by: TEST CFO NAME	7/24/2014   14:19 PM ET	(Fiscal Officer)	(Date)
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(Agency Head/Chancellor)	(Date)								
DocuSigned by: TEST CFO NAME	7/24/2014   14:19 PM ET								
(Fiscal Officer)	(Date)								

**5. Will I receive a copy of the form?**

**Yes, upon completion of all signatures, an email is sent to all participants on the form documenting the completed process. The form can be accessed at this time and you are able to save or print the form.**

**6. Who can I contact with questions?**

**Office of State Controller Support Services Center at 919-707-0795 or [osc.support.services@osc.nc.gov](mailto:osc.support.services@osc.nc.gov).**