



GL Reconciliation Alternate Assignment Form

I, _____, (Name of Key Member in the Integrated System), assign
_____ as an alternate _____ (Role) on the following project(s):

The above mentioned alternate will be the alternate Preparer or Approver for the time period:

____/____/____ to ____/____/____

I understand that the alternate user must be knowledgeable of the relevant policies, procedures, and guidelines for reconciling departmental records. The assignment of an alternate user does not alleviate my fiscal responsibility as the Person of Record.

Key Member listed in the Integrated System

Date

I understand that as the alternate user I must be knowledgeable of the relevant policies, procedures, and guidelines for reconciling departmental records.

Alternate Preparer/Approver

Date