

MINNESOTA DELEGATION/RESCISSION OF AUTHORITY

This document is a public record and is available for public inspection. Please read the instructions on the back of this form before completing it.

1. DEPARTMENT (AGENCY, BUREAU, ETC.)			2. NAME OF DESIGNEE (INCLUDE TITLE)			
	3. PERSON DEL	EGATING/	RESCINDING (INCL	UDE TITLE)		
4. Cho	oose one of the following actions	:				
I hereby DELEGATE the powers and/or duties listed in No. 6 to the above-named designee, effective:			I hereby RESCIND all prior delegations of authority on file for the above-named person effective:			
Month	Day	Year	Month	Day	Year	
5.	AUTHORITY CITED: (Please check all that apply) Pursuant to: M.S. 15.06, Subd. 6 Pursuant to: M.S. 16C.03, Subd. 16 (By the Commissioner of Administration) Pursuant to: M.S.					
6.	If you are delegating powers an	egating powers and/or duties, mark the appropriate line(s) below.				
]	EXECUTE CONTRACTS		SIGN PURCHASING DOCUMENTS			
	(Provide details below)		(Provi	de details below)		
	OTHER (Provide details below)					
DETA	ILS					
7.	SIGNATURES					
DELEG	GATING/RESCINDING AUTHO	RITY		DESIGNEE		
8. Copies to:			RESERVED FOR USE BY THE SECRETARY OF STATE			