

Statement of Authorization for Procurement

I, _____ (Full Name), holding the position of _____ (Position/Title) at _____ (Department/Organization), hereby authorize the following individual:

Authorized Person's Name: _____
Designation: _____
Employee/ID Number: _____

to conduct procurement activities on behalf of the department/organization for the following goods or services:

The authorization is valid from _____ to _____.

Terms and Conditions

1. This authorization is valid only for the procurement described above.
2. The authorized person shall act in accordance with the organization's policies and procedures.
3. This authorization may be revoked in writing at any time.

Name & Signature

Date: _____

Authorized Person's Signature

Date: _____

Note: Attach any relevant supporting documents, if necessary.