

# Departmental Collaboration Procedure Authorization

**Date:** [Insert Date]

**To:** [Recipient's Name]

**From:** [Your Name]

**Department:** [Your Department]

**Subject:** Authorization for Departmental Collaboration

Dear [Recipient's Name],

I am writing to formally authorize the collaboration between [Your Department] and [Other Department/Entity]. This collaboration is aimed at [briefly describe the purpose of the collaboration].

The details of the procedure are as follows:

- **Objective:** [Objective of the collaboration]
- **Duration:** [Start Date] to [End Date]
- **Key Participants:** [List of participants]
- **Resources Required:** [List of resources]

Please ensure that all necessary measures are taken to comply with our departmental standards and protocols.

If you have any questions or require further clarification, do not hesitate to reach out.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Department]

[Your Contact Information]