

Financial Decision-Making Authorization Notice

Date: [Insert Date]

To: [Insert Recipient's Name]

From: [Insert Your Name]

Subject: Financial Decision-Making Authorization

Dear [Recipient's Name],

This notice serves to formally authorize you to make financial decisions on behalf of [Insert Organization/Your Name] effective from [Insert Start Date] to [Insert End Date]. Your responsibilities will include:

- Reviewing and approving budget allocations.
- Authorizing expenditures as necessary.
- Making investment and procurement decisions within the specified limits.

Please ensure to keep all records and communicate decisions to the appropriate stakeholders. Should any urgent issues arise, you are expected to consult me immediately.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]