



Office of Finance & Administration
Procurement
213 Thomas Boyd Hall

Purchasing Agent Certification Transcript

Delegate Information

Name (please type or print)	Title

College/Parent Organization	Department

Email Address	Phone Number

Requested Level of Authority <i>(Select 1)</i>
1 2 2-SOL

Training Session Attendance *(Only Procurement & Supplier Engagement Trainings count towards delegation)*

Session Title	Session Date
1	
2	
3	