State of North Carolina Office of the State Controller Delegation of Disbursing Authority – Community Colleges

Consistent with North Carolina General Statute § 143B-426.40G, the North Carolina Office of the State Controller (OSC) delegates the authority to make disbursements through a disbursing account established with the State Treasurer to the ______ (community college) in accordance with the following terms and conditions:

- 1. The community college shall exclusively use the disbursing account(s) assigned by the State Treasurer to make all disbursements of state funds.
- 2. The community college shall ensure that the disbursing account balance at no time is in overdraft.
- 3. The community college agrees to:
 - a. Implement adequate internal controls over disbursements;
 - b. Comply with rules set forth in the State Budget Manual;
 - c. Pre-audit all vouchers presented for payment to determine:
 - i. legality of disbursement
 - ii. validity & accuracy of payment
 - iii. payment due date
 - d. adequacy of documentation supporting payment;
 - e. Ensure adequate control of signature stamps/plates;
 - f. Ensure adequate control of negotiable instruments;
 - g. Correct major audit findings of the State Auditor; and
 - h. Adhere to all scheduled (monthly and annual) financial reporting requirements.
- 4. This delegation may be revoked at the sole discretion of the State Controller if, in his/her opinion, the terms and conditions outlined above are not strictly adhered to.

aforementioned terms and conditions ar delegated disbursing authority:	• 0	
(Community College President Name)	(Signature)	(Date)
(Fiscal Officer Name)	(Signature)	(Date)
The above-named community college is conditions set forth in this Delegation o shall be from the date below and shall c President from the State Controller that is revoked or any of the signatories to the	f Disbursing Authority. ontinue until notice in value the delegation to disbur	The term of this delegated authority writing to the Community College rse funds through a disbursing account
Linda Combs		
(State Controller Name)	(Signature)	(Date)