I, _______________________________________________________, am ___________________ 
__________________________________________
of the____________________________________________
and am thereby empowered and required to review and approve fiscal impact statements submitted 
with rulemaking files by the following state agencies under my direction:

____________________________________ ______________________________________
____________________________________ ______________________________________
____________________________________ ______________________________________
____________________________________ ______________________________________

I hereby delegate my authority and responsibilities for these matters to the following individuals:

____________________________________            ______________________________________
____________________________________            ______________________________________
____________________________________            ______________________________________
____________________________________            ______________________________________

This delegation shall be effective during my term as _________________________________ 
or until withdrawn by me in writing.

In witness of this delegation, I hereby affix my signature to this delegation order.

____________________________________      Date__________________

We fully understand and accept this delegation.

____________________________________ Date__________________
____________________________________ Date__________________
____________________________________ Date__________________
____________________________________ Date__________________
____________________________________ Date__________________
____________________________________ Date__________________
____________________________________ Date__________________
____________________________________ Date__________________