DELEGATION OF AUTHORITY
FOR
FISCAL IMPACT STATEMENTS
(STD. 399)

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or until withdrawn by me in writing.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_____