

TEMPORARY DELEGATION OF APPROVAL AUTHORITY

To: Controller - Sprint Corporation	
I,,	Title
rvaine	Title
in accordance with Financial Policy 20.1, Fiscal Authorization, do here authority to:	eby delegate my fiscal approval
Name , _	Title
for the following expenditure types and amounts:	
Expenditure Type	<u>\$ Limit</u>
This delegation of authority is effective for the period	
to (cannot exceed 30 days) and is necessary	due to
(reaso	on, e.g., absence, vacation, etc.).
Signature of person receiving temporary delegation (in ink)	Date
Signature of person whose authority is being delegated (in ink)	Date
Instructions: A copy of this completed form should accompany ind expenditure documentation approved under this above temporary del	

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