



The University of Western Ontario

Research Finance Delegation of Signing Authority Form

As the account holder, I hereby delegate signing authority for expenditures to:

Name of Delegate (print name)	Employee ID / Student No.	Title
Relationship to Account Holder	Email Address	Phone Number

This authorization is for (please check all appropriate options):

<input type="radio"/> Limited spending authority per transaction up to \$_____ (max \$ 50,000)
<input type="radio"/> ChemBioStores (\$ 500 per transaction limit)
<input type="radio"/> Physics and Astronomy Stores (\$ 500 per transaction limit)
<input type="radio"/> Engineering Stores

Delegated Authority will apply to the following active research projects and will remain in effect for the indicated start and end dates, unless otherwise notified in writing:

Speed Code	PeopleSoft Project Rxxxxxxx	Department Name	Funding Agency	Start Date)) UU YYYY	End date)) UU YYYY

Statement of Responsibility

I hereby accept responsibility as delegated signing authority for the above referenced research project(s). I understand I must adhere to the applicable University policies and procedures for research, expenditures and procurement. I understand and will comply with specific terms and conditions as stipulated in the sponsor grant or contract for awarded funds.

I will use the funds only for the purpose for which they are awarded and will ensure the expenditures are in support of the research project and incurred during the projects' budget period. Supporting documentation will be maintained to satisfy monitoring and/or audit requirements.

I hereby accept all responsibilities as noted above:

Signature of Delegate:	Date (DD MM YYYY):
------------------------	--------------------

I understand that although I have delegated signing authority, I retain full responsibility for the project:

Name of Account Holder (Please print):	Signature of Account Holder:	Date (DD MM YYYY):
--	------------------------------	--------------------