

Delegation of Signing Authority Form (fund 2)

Use this form to delegate purchasing authority limits to individuals for Research Projects only

As the account holder, I hereby delegate signing authority for expenditures to (not for administrative convenience):

Name of Delegate (print name)	Valid Western Employee ID / Student No.	Research Team Member Administrative Support
Relationship to Account Holder	Email Address	Phone Number

This authorization is for (please check **one** option):

<p>Authority for purchases up to \$_____ ((max \$ 50,000) for Mustang Market, Western Internal Services, excludes travel)</p> <p>OR</p> <p>Authority for Western Internal Services (Speedcode purchases) only up to \$_____ (max \$ 500)</p> <p>(Western Internal Services - ie; Engineering Stores, University Machine Shop, Chemistry Electric Shop, Campus Bookstore, ...)</p>
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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: *(This form will null and void any current forms on file for this individual)*

Speed Code	PeopleSoft Project Rxxxxxxx	Department Name	Funding Agency	Start Date DD MM YYYY	End date DD MM 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):
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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):
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