

## DELEGATION OF AUTHORITY FORM

This form must be completed by the **Principal Investigator (PI)** and signed by the **Delegate** and **Senior Business Official** and documents a Principal Investigator's authorization to his/her Designee as having first-hand knowledge of the cost objective of the project(s) and authority to sign for the Principal Investigator. (See University Financial Policy #2106)

Send completed forms to the Senior Business Official, to facilitate a copy in the personnel file.

**PI Authorization** – This form is to allow the Delegate to authorize approvals on behalf of the PI for all procurement and/or current expense approvals, excluding any specific limitations identified below.

I authorize the individual named below to make transactions in my name that are necessary to accomplish the objectives of the sponsored activities. The individual to whom I delegate has direct knowledge of the needs of the project(s) or activity.

All expenditures must be in accordance with the terms of award and any other applicable regulations.

**I understand that, as the PI, I retain ultimate responsibility for assuring that all expenditures are fully allowable, allocable and reasonable, based on the cost principles outlined in OMB Circular A21, by the sponsor, are appropriate for University activities, and comply with University policies and procedures, as well as applicable federal regulations.**

(PI) (Signature)

Date

PI Name (Print)

Delegated Individual:

Name

Delegation Period

Start \_\_\_\_\_ End \_\_\_\_\_

Limitations (if applicable) \_\_\_\_\_

**Delegate Acknowledgement** – This form is to accept responsibility on behalf of the PI to authorize all procurement and/or current expense approvals, excluding any specific limitations identified above.

**I hereby certify that I have firsthand knowledge of the cost objective of the above referenced project. I certify all purchases initiated and expenses approved with my signature charged to the project(s) are allowable and allocable to that cost objective and are reasonable based on the cost principles outlined in OMB Circular A21 (<http://www.whitehouse.gov/omb/circulars/a021/a021.html>). I certify that I have:**

- Direct knowledge of the sponsored award(s)  
- Awareness of terms and conditions of award(s)

- Awareness of compliance requirements  
- Knowledge of the transactions that I approve.

Delegate Signature

Date

Senior Business Official Signature

Received Date