

Grant Holder Delegation of Signing Authority

Applied Research Funding

For Tri-Agency awards, one delegation of signing authority form must be completed for each fund

Grant Holder: _____

Title: _____

Date: _____

Grant Fund Name: _____

Grant Fund ID#: _____

Associated Cost Centre Name: _____

Associated Cost Centre #: _____

Lambton College LAM #: _____

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

Name of delegate(s) (print name): _____

Employee ID(s): _____

Term of Delegation (start date): _____

Term of Delegation (end date) : _____

Role of Delegate(s) : _____

Name of delegate(s) (print name): _____

Employee ID(s): _____

Term of Delegation (start date): _____

Term of Delegation (end date) : _____

Role of Delegate(s) : _____

The above mentioned delegate is given the authority to initiate all expenditures to this fund as follows:

Payroll

Travel and Reimbursement

Purchasing (incl. cheque req)

Journal Voucher

PCard

All other project requirements

Affirmation of Delegate Accepting Signing Authority

I accept responsibility as delegated signing authority for the above research project. I have been provided with the terms of the research project by the grant holder. I have the skill and knowledge necessary for the effective discharge of this signing authority. I will use funds for the purposes for which they were awarded by ensuring all expenditures.

Signature of delegate: _____ **Initials:** _____

Date (dd/mm/yyyy): _____

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

Grant holder (Printed Name): _____

Grant holder (Signature): _____

Date (dd/mm/yyyy): _____

Internal Use Only

*****Please see document requiring term for role of VERIFIER and term APPROVER*****

Once complete please send original via interoffice envelope to Kate Large.

Reviewed By: _____