



Delegation of Signing Authority Form for SRC Accounts Administered by OVPRI

TO WHOM IT MAY CONCERN

I, _____, [Name] as the Principal Investigator do hereby delegate my signing authority for research expenditures to the individual noted below for the cost centre(s) noted below. I confirm the designated individual has direct knowledge/understanding of the related research project(s), including its purpose, budget and sponsor guidelines/policies.

I understand this delegation does not relinquish me of my accountabilities associated with the cost-centre(s) referenced below. I ultimately retain the responsibility for the cost centre(s), and to address any issues related to them.

SIGNATURE OF GRANTHOLDER

DATE

| Cost Centre | All Expenditures* OR All Expenditures *, Up To \$ | Effective From (DD/MM/YY) | Effective Until (DD/MM/YY) (Revoked OR Specify end date) |
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*This delegation does not override any obligations under Ryerson policies (e.g. the policy on **Execution of Contracts; Delegation of Authority; Approval Authority Schedule; Ryerson Policy 154**; or the policy on Faculty and Staff Reimbursement Policy).

Statement of Responsibility

I, _____, [Name, title/affiliation i.e. Research Associate] hereby accept responsibility as a delegated signing authority for the research cost centre(s) referenced above. 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 the funds awarded.

SIGNATURE

DATE

It is the responsibility of the Grant Holder to advise Research Accounting of any delegation which is to be cancelled/added. Notification of new delegates must be accompanied with a new Signing Authority Document. Signing authority should not normally be delegated to students. In the circumstance that a student is the only available resource to be delegated signing authority, decanal approval will be required.

Please should retain a copy of this form for your records.