



uOttawa

# University of Ottawa Delegation of Signing Authority Form

### Account holder identification

Name	Title	Department	Phone Number / Extension
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### As the account holder, I delegate signing authority for expenditures to:

Name of Delegate	Department	Phone Number / Extension
Title	Email	

Delegated authority will apply to the following active research projects and will remain in effect for the indicated start and end dates, unless the account holder provides written notification to the contrary.

FOAP	This authorization is for (please check all appropriate options)				Start Date (dd/mm/yy)	End Date (dd/mm/yy)	Until Revocation
	\$1,000 Spending Limit per Transaction	\$5,000 Spending Limit per Transaction	Travel Reimbursement	Unrestricted			

### STATEMENT OF RESPONSIBILITY

I accept responsibility as delegated signing authority for the above referenced research fund(s). I have an appropriate level of knowledge of the applicable policies and procedures (Grant Management Procedures: [research.uottawa.ca/rms/managers-resources/grants-management-procedures](http://research.uottawa.ca/rms/managers-resources/grants-management-procedures)). Where applicable I have an appropriate level of knowledge of any externally imposed conditions, regulations and guidelines.

- I understand and will comply with all terms and conditions stipulated in the grant or contract.
- I will use the funds only for the purpose for which they were awarded and will ensure that the expenditures:
  - Are in support of the research project named in the award and that there is appropriate supporting documentation to meet the "relevance to research" requirement.
  - Conform to both Research Management Services (RMS) and Financial Resources policies and guidelines
  - Conform to the budget approved by the granting agency.
  - Conform to the University's purchasing policy.
  - Are attributed to the appropriate research fund.
  - Are incurred between the research fund start and end date.

### I accept all responsibility as noted above:

Signature of Delegate	Date
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### I understand that although I have delegated signing authority, I retain full responsibility for the project(s):

Signature of Account Holder	Date
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This form should be kept on file and be readily available as required for internal or external audit.

For any alternative concerning accessibility, please contact Research, Trust and Endowment at Financial Resources.