

Grant Holder Delegation of Signing Authority



Research & Innovation Funding

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

Grant Holder Name:	
Title:	
Date:	
Grant Fund Name:	
Grant Fund ID #:	

Associated Cost Centre Name:	
Associated Cost Centre #:	
Lambton College IAM #:	

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

Name of Delegate (print name):	
Employee ID #:	
Term of Delegation (Start date):	
Term of Delegation (End date):	
Role of Delegate:	

Name of Delegate (print name):	
Employee ID #:	
Term of Delegation (Start date):	
Term of Delegation (End date):	
Role of Delegate:	

Name of Delegate (print name):	
Employee ID:	
Term of Delegation (Start date):	
Term of Delegation (End date):	
Role of Delegate:	

Name of Delegate (print name):	
Employee ID:	
Term of Delegation (Start date):	
Term of Delegation (End date):	
Role of Delegate:	

The above mentioned delegate(s) is/are 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 the 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 the ensuring all expenditures:

Signature of Delegate: _____

Date: _____

Signature of Delegate: _____

Date: _____

Signature of Delegate: _____

Date: _____

Signature of Delegate: _____

Date: _____

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

Grant holder (Print Name):	
Grant Holder (Signature):	
Date (dd/mm/yyyy):	

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

***** Once complete please send original to Tyler Virostek and Chelsea Workman**
