

## AUTHORIZED SIGNATURE FORM FOR PI/PD DELEGATION OF AUTHORITY

**College/Center/Department:** \_\_\_\_\_

**Index Number(s):** \_\_\_\_\_

**Project Title(s):** \_\_\_\_\_

**Principal Investigator/Project Director:** \_\_\_\_\_

Principal Investigator/Project Directors (PI/PDs) have ultimate responsibility (fiscal, administrative and programmatic) for the conduct of the project(s) for which they have received sponsored funding (reference *Principal Investigator/Project Director Responsibilities on Sponsored Projects and OSP Policies located at [www.nova.edu/osp](http://www.nova.edu/osp)*). This Authorized Signature Form allows PIs/PDs to delegate appropriate approval authority to one or more additional individual for certain types of actions on their sponsored project(s). Such delegation is at the PI/PDs discretion and does not absolve them of responsibilities or accountability as the PI/PD for the applicable sponsored project(s). In the table below, list the responsible authorized delegate(s), check the appropriate column(s) for which authority is granted, and specify any additional authorities, conditions or limitations in the box below. Once appropriate signature of PI/PD, delegate(s), and Dean/Unit Head or designee have been secured, submit this form to the Office of Sponsored Programs (OSP).

Name of Individual(s) to Whom Authority is Delegated	Delegatee's Signature and Date	Type of Transaction for Which PI/PD is Delegating Approval Authority			
		Check Requests	Purchase Orders	Travel & Expense Reports	Budgets & Rebudgeting Requests
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe other special consideration/circumstances or delegated authorities and limitations, if any:

**APPROVAL:** *I attest that the identified individual(s) have the appropriate knowledge to serve as a delegate to approve the transactions identified above for my sponsored awards. I authorize them to act in this capacity subject to any additional specifications or limitations outlined above.*

<b>PI Name:</b>	<b>PI Signature:</b>	<b>Date:</b>
<b>Dean Name:</b>	<b>Dean Signature:</b>	<b>Date:</b>