

Research Delegation of Signing Authority Form

This form is for use with Scholarly, Research & Creative Activity (SRC) accounts administered by the Office of the Vice-President, Research and Innovation (OVPRI). Please download and fill out the form using Adobe Acrobat Reader; once complete, print and submit via the Financial Services dropbox at 1 Dundas Street West, 9th floor.

Grantholder's declaration

Grantholder name:

Grantholder signature

As the principal investigator, I hereby delegate my signing authority for research expenditures and confirm that my named delegate has direct knowledge and understanding of the related research projects, including the purpose, budget and sponsor's guidelines and policies. I understand that I retain ultimate responsibility for the cost centre(s) and for addressing any related issues.

Note: It is the grantholder's responsibility to advise Research Accounting of any delegation that should be cancelled or added before the expiration date(s) indicated on this form.

Date (dd/mm/yyyy)

Grantino	introduct signature.						Date (daminyyyy).				
Delega	tio	n pa	arame	ters							
Item number		TMU-Fund-Cost Centre-Account			for all typ	Grant authority for all types of expenditures*?		Start date (dd/mm/yyyy)	Expiry date (dd/mm/yyyy)		
Item 1:	1-	-	-	-	-						
Item 2:	1-	-	-	-	-						
Item 3:	1-	-	-	-	-						
Item 4:	1-	-	-	-	-						
*If no, plo	ease	e spe	cify the a	allowable	expenditures	for each item:					
Item 1:						Item 2:	Item 2:				
Item 3:						Item 4:					
This dele	gatio	on do	es not o	verride an	y obligations	under Toronto N	/letropo	olitan Univer	sity policies, incl	uding	

This delegation does not override any obligations under Toronto Metropolitan University policies, including Approval Authority Schedule; Delegation of Authority; Execution of Contracts; Faculty and Staff Reimbursement; and TMU senate policy 154: Signing of Research Applications and Agreements in Support of Research.

Delegate's statement of responsibility

I hereby accept responsibility as a delegated signing authority for the research cost centre(s) named 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's grant or contract for the funds awarded.

Delegate name:						
Title:	Date (dd/mm/yyyy):					

If a student is the only available resource to be delegated signing authority, decanal approval will be required.