



TO: Principal Investigators
 FROM: The Office of Research Administration
 DATE: _____
 RE: **AUTHORIZED SIGNATURES**

To ensure the proper handling of grant/contract related transactions, the signature of the Principal Investigator is the accepted form of authorization.

To facilitate the running of your project, if you would like to designate additional authorized signatories, please complete the information requested below (attach additional forms if necessary):

RF ACCOUNT NUMBER(S): _____

NAME OF DESIGNEE (please type or print):	SIGNATURE OF DESIGNEE:

REPLACES PREVIOUS DESIGNEE: YES NO

If yes, indicate whom is replaced: _____

PERIOD OF AUTHORIZATION:

START DATE: _____ END DATE: _____

MAY SIGN FOR ALL TRANSACTIONS: YES NO

IF NO, PLEASE INDICATE LIMITATION:

SIGNATURE OF PRINCIPAL INVESTIGATOR: _____

Please type or print name: _____