

**University of South Alabama
Whiddon College of Medicine
Signature Authority Form**

If authority to make/approve purchases is delegated to another person, then it is important that the individual understands the limit of their authority and that they may not further subdelegate this authority. The person delegating signature approval authority is ultimately responsible for the actions of others.

I authorize the individual(s) listed below to make/approve the expenditures against the below-referenced grant fund(s) up to the limits indicated on this form. In authorizing the individuals below, I understand the requests without proper signature authority and all required documentation will be returned to the department for proper approval. It is understood the signee will adhere to the dollar thresholds, grant budget, funding agency policies, and other requirements as outlined by the university's grant policies and procedures and is fully competent in their ability to administer grant funds and knowledgeable of all applicable regulations.

This Signature Authority Form is in effect for the entire project period of the referenced grant fund number(s) below, unless an event requires a change to the form. The delegated individual must complete the certification modules, before they are able to act as a "delegated individual". The PI and any listed delegated individual must recertify by completing these modules every two years.

Grant Fund(s): _____

Action(s):

1. Purchase – general actions are indicated below
 - a. Authorized to initiate purchase from campus units (e.g. core facilities)
 - b. Authorized to initiate purchase of goods/services with approved outside vendors (P-card or Purchase requisition/order)

2. Approve – general actions are indicated below
 - a. Authorized to approve invoices and expense reports
 - b. Authorized to approve reimbursement requests
 - c. Authorized to transfer expenditures to or from authorized budget(s)

Dollar Limit: List per transaction dollar limit or "U" for unlimited.

All individuals with per transaction dollar limits exceeding \$4,999 will require additional approval.

Delegated Individual	Actions (see notes above) A = All	\$ Limit	Grant Fund #	Delegate's Signature
		U = Unlimited	A = All or List	

Principal Investigator Name: _____

Principal Investigator Signature: _____ **Date:** _____