

# OLD DOMINION UNIVERSITY RESEARCH FOUNDATION SIGNATURE AUTHORIZATION / DELEGATION FORM

## PART A - SIGNATURE AUTHORIZATION

INVESTIGATOR NAME: \_\_\_\_\_  
 DEPARTMENT: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_

SIGNATURE SPECIMEN
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## PART B - SIGNATURE DELEGATION

I hereby authorize signature for the following personnel on my accounts as indicated below:

<b>PROJECT NUMBERS:</b>		

**LIMITED AUTHORIZATION:** YES\_\_\_\_ NO\_\_\_\_ IF YES, INDICATE AMOUNT \_\_\_\_\_

PRINTED NAME	SIGNATURE SPECIMEN	E-MAIL ADDRESS	PAYROLL AUTHORIZATION	TIMESHEETS	BUDGET REVISIONS	PURCHASE REQUISITIONS	LIMITED PURCHASE ORDERS	RECEIVING REPORT	PROCUREMENT CARD	CONSULTANTS / REIMBURSEMENTS / TRAVEL ADVANCES

I certify that I have discussed this arrangement with the designees indicated above, that they are aware of the responsibility delegated to them, and that their signature is an acceptance of that designation of authority. I understand that the fiduciary responsibility for the above accounts still remains with me.

**SIGNATURE OF PRINCIPAL INVESTIGATOR or CO-INVESTIGATOR** \_\_\_\_\_

**DATE** \_\_\_\_\_

Return original form with all required signatures to:

Old Dominion University Research Foundation, 4111 Monarch Way suite 204, Norfolk, Virginia 23508