

**OLD DOMINION UNIVERSITY RESEARCH FOUNDATION
SIGNATURE AUTHORIZATION / DELEGATION / PORTAL ACCESS FORM**

PART A - SIGNATURE AUTHORIZATION

INVESTIGATOR NAME: _____
 INVESTIGATOR MIDAS ID: _____
 DEPARTMENT: _____
 E-MAIL ADDRESS: _____

SIGNATURE SPECIMEN

PART B - SIGNATURE DELEGATION

PART C - AUTHORIZATIONS / ACCESS GRANTED

I hereby delegate signature authority for the personnel listed below on my accounts with the following authorizations and on-line access as indicated below. (Check all that apply)

LIMITED AUTHORIZATION DOLLAR LIMIT	
\$	PROJECT NUMBERS:

All Authorizations
YES or NO (Use Arrow Keys to Select)

AUTHORIZATIONS GRANTED						
Advance Travel Authorization Requests	Budget Revisions	Employee Timesheets	Monthly Reports Distribution	Purchase Requisitions	Procurement Card Settlements	Travel and other reimbursement, payments

PORTAL ACCESS GRANTED		
Report Access	Payroll Authorization Create / Edit	Payroll Authorization View Only

PRINTED NAME	E-MAIL ADDRESS	MIDAS ID	SIGNATURE SPECIMEN

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 _____ PI or CO-PI SIGNATURE

Return original form with all required signatures to:
 Old Dominion University Research Foundation, 4111 Monarch Way suite 204, Norfolk, Virginia 23508