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

DADT 4 0/01/		ATION	SIGNATUR	LAUTITON		/ DLLLG	ATION / I	OKIAL	ACCESS I					
PART A - SIGNA	ATURE AUTHORIZ	ATION				i e								
INVESTIGATOR NAME:														
INVESTIGATOR MIDAS	ID:													
DEPARTMENT:														
E-MAIL ADDRESS:						SIGNATURE SPECIMEN								
	ATURE DELEGATION			PART C -										
I hereby delegate signatu	ure authorityfor the personne	I listed below on		llowing authorization	ns and on-line acc	ess as indicated b	elow: (Check all	that apply) <b>Not</b>	e: Authoriza	ations for sub	awardee paym	ents canno	t be deleg	
LIMITED AUTHORIZATION DOLLAR LIMIT (if any)  Authorizations			All Authorizations	AUTHORIZATIONS GRANTED							PORTAL ACCESS GRANTED			
\$	PROJECT NUM	IBERS:	YES or NO (Use Arrow Keys to Select)	Advance Travel Authorizations (ATA)	Budget Revisions	Consultant & Hononarium Payments	Vendor payments	Purchase Requisitions	Procurement Card Settlements	Travel & Reimbursement Payments	Project Report Access	Payroll Autorization (ePAS)	Employee Timesheets	
													<del>                                     </del>	
													<del>                                     </del>	
DELEGATE'S PRINTED NAME			E-MAIL ADDRES	SS	MIDAS ID (not UIN)		SIGNATURE SPECIMEN							
	ssed this arrangement with the ve accounts still remains with		dicated above, that they	are aware of the resp	oonsibility delega	ated to them, and t	hat their signatur	e is an acceptand	ce of that designa	tion of authority. I ur	nderstand that the fidu	ciary		
			SIGNATURE OF PR	INCIPAL INVESTIG	ATOR or CO-INV	/ESTIGATOR								
Return form wit	th all required sig	natures to	· rfnurcha	sina@c	du edi	11				PI or CO-PI SIGNA	TURE			
Column Ionni Wil	ar an roquired sig	natures to	,, , , p a i o i i a		<b>44.04</b>	<b>∽</b>								