PART A - SIGNATURE AUTHORIZATION
INVESTIGATOR NAME:
INVESTIGATOR MIDAS ID:
DEPARTMENT:


PART B - SIGNATURE DELEGATION

## PART C - AUTHORIZATIONS I ACCESS GRANTED

I hereby delegate signature authorityfor the personnel listed below on my accounts with the following authorizations and on-line acess as indicated below: (Check all that apply) Note: Authorizations for subawardee payments cannot be delegated!

| LIMITED AUTHORIZATION DOLLAR LIMIT (if any) | Authorizations | AUTHORIZATIONS GRANTED |  |  |  |  |  |  | PORTAL ACCESS GRANTED |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| \$ Project numbers: | $\begin{array}{\|c\|} \hline \text { YES or NO } \\ \text { (Use Arrow Keys } \\ \text { to Select) } \end{array}$ | $\begin{array}{\|c} \text { Advance Travel } \\ \text { Authorizations } \\ \text { (ATA) } \end{array}$ | $\begin{gathered} \text { Budget } \\ \text { Revisions } \end{gathered}$ | $\begin{gathered} \text { Consultant \& } \\ \text { Hononarium } \\ \text { Payments } \end{gathered}$ | $\begin{aligned} & \text { Vendor } \\ & \text { payments } \end{aligned}$ | Purchase Requisitions | $\begin{array}{\|l\|l} \hline \text { Procurement } \\ \text { cord } \\ \text { Setlements } \end{array}$ | Travel \& Reimbursement Payments | $\begin{aligned} & \text { Project } \\ & \text { Report } \\ & \text { Access } \end{aligned}$ | $\begin{gathered} \text { Payroll } \\ \text { Autioraion } \\ \text { (ePASS } \end{gathered}$ | Employee Timesheets |
|  | NO | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  | NO | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  | NO | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  | NO | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  | NO | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  | NO | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  | NO | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  | NO | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  | NO | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  | NO | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  | NO | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  | NO | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  | NO | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  | NO | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  | NO | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |


| DELEGATE'S PRINTED NAME | E-MAIL ADDRESS | MIDAS ID (not UIN) | 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
Return form with all required signatures to: rfpurchasing@odu.edu

