

Sponsored Programs Authorization Form

Chartfield Spread

Fund: _____ Org: _____ Program: _____ Subclass: _____ Project/Grant: _____

Authorization from: _____ to _____
(Dates of award period.)

As Principal Investigator of this project I acknowledge that I will be responsible for maintenance of proper records, assure costs are allowable, reasonable and allocable, and may be held personally liable for any overdrafts in this project.

I hereby authorize the following designee(s) to assist in the processing of financial transactions necessary for the progress and completion of this project.

These personnel also have **first hand knowledge** of the activities, needs, and obligations related to this project and will assure costs are allowable, reasonable, and directly benefit the objectives of the project.

Either a designee or I will endorse all receiving documents, invoices and ordering documents, and assign the appropriate chartfield spread before they will be entered into the accounting system for payment. Types of payments not entered (i.e., travel claims, personnel action, cost transfers requests, etc.) will also be endorsed by a representative listed below.

PRINCIPAL INVESTIGATOR

Print or Type Name

Date: _____

Signature

DESIGNEE

Print or Type Name

Date: _____

Signature

DESIGNEE

Print or Type Name

Date: _____

Signature

DESIGNEE

Print or Type Name

Date: _____

Signature

Forward the original of this form to your respective department/section responsible for processing the financial activity related to this project.

THIS FORM MAY BE REQUIRED FOR REVIEW BY EITHER INTERNAL OR EXTERNAL AUDITORS.