

DELEGATION OF AUTHORITY

Account Number: 476090-000XX as assigned to you : ☐ Add ☐ Update ☐ Remove

Name of Delegated Person: Your Name

UIN: Your UIN E-mail: Your E-mail

Signature of Delegated Person: Your Signature here

Levels of Authority:

If authorization is given for All Fiscal Matters or Payroll, the delegated person must have supervisory authority for the work performed, and should not be responsible for preparing TAMUS departmental invoices for this account.

☐ All Fiscal Matters

OR

☐ Payroll

☐ Travel

☐ Purchases Under \$5,000

☐ All Purchases

If it becomes necessary to update this delegation at any time during the term of this account, please submit another delegation form. Return the completed form to:

**Texas A&M Research Foundation
Contracts & Grants Department
3578 TAMU
College Station, Texas 77843-3578**

CERTIFICATION:

The person listed above is authorized to act in my behalf for fiscal matters related to the referenced account for the duration of the account or until otherwise notified in writing.

Tooley signature goes here
Principal Investigator (Signature)

Date

Research Administrator (Signature)

Date

☐ FAMIS 52B