



DELEGATION OF AUTHORITY FORM

This form must be completed by the Principal Investigator (PI), and signed by the delegate. Forms must be saved and maintained for the life of the award. The documentation must be retained even if superseded by an updated delegation. This form will follow the record retention policies of the related sponsored award.

Completed forms must be sent to financesecurity@njit.edu and a copy to your GCA accountant.

Authorization – This form is to hereby allow the delegate to authorize approvals on behalf of the PI for (check all that apply):

- procurement of goods or services to the University and ensure that the transaction complies with University policies and federal and state regulations.
- budget transfer and/or cost transfer requests
- Chrome River reimbursements
- Personnel Action Form (PAF) and Graduate Nomination Form
- Other _____

I authorize the individual named below to make transactions in my name that are necessary to accomplish the objectives of the referenced sponsored activities. The individual to whom the signature authority is delegated has direct knowledge of the needs of the project or activity.

All expenditures must be in accordance with the terms of award and any other applicable regulations.

I understand that, as the PI, I retain ultimate responsibility for assuring that all expenditures are fully allowable by the sponsor and appropriate for University activities and are in compliance with University policies and procedures, as well as applicable federal regulations.

(PI) (Signature)

Date

PI Name (Print)

Index Number (if more than one index separate by comma or add attachment)

Delegated Individual:

Name

Delegation Period

_____ Start _____ End _____

Limitations (if applicable) _____

I agree to function as a delegate for the authorizations listed above for the mentioned sponsored award. I certify that I have:

- Direct knowledge of the sponsored award
- Awareness of terms and conditions of award
- Awareness of compliance requirements
- Knowledge of the transactions that I approve.

Delegate Signature

Date

Financial Security Information Approval

Date