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

		SIGNATURE	AUTHO	RIZATION /	DELEG	ATION / F	ORTAL A	CCESS F	ORIVI				
PART A - SIG	GNATURE AUTHORIZAT	ΓΙΟΝ											
INVESTIGATOR NA	ME:			_									
INVESTIGATOR MII	DAS ID:			_									
DEPARTMENT:													
E-MAIL ADDRESS:				SIGNATURE SPECIMEN									
PART B - SI	GNATURE DELEGATION	N	PART C -	AUTHORIZAT	IONS / AC	CCESS GRA	NTED						
l hereby delegate sig	gnature authorityfor the personnel lis	sted below on my accounts with the follo	wing authorization	ons and on-line acess	as indicated b	pelow: (Check all	that apply) Note	: Authorizat	ions for sub	oawardee pay	ments canno	t be delegat	
LIMITED AUTHORIZATION DOLLAR COI CMP Budget Delegate Required			AUTHORIZATIONS GRANTED							PORTAL ACCESS GRANTED			
LIMIT (if any)		Check box if project	Dudmet		Purchase	Procurement	Travel &	Vandar			Payroll Payroll		
\$	PROJECT NUMBERS:	has a CMP requiring a budget delegate	Budget Revisions		Requistions (eREQ)	Card Settlements	Reimbursement Payments	Vendor Payments		Project Report Access	Autorization (ePAS)	Employee Timesheets	
		-											
DELEGATE'S PRINTED NAME E-MAIL ADDRESS		MIDAS ID (not UIN) CMP			Budget Delegate			SIGNA	SIGNATURE SPECIMEN				
I certify that I have d	liscussed this arrangement with the	designees indicated above, that they are	e aware of the re	sponsibility delegated	to them. and t	that their signatur	e is an acceptance	e of that designation	n of authority. Lu	inderstand that the fi	duciarv		
	above accounts still remains with m	ne.				2.3.10.10.					<b>,</b>		
		SIGNATURE OF PRIN	CIPAL INVESTIG	GATOR or CO-INVES	TIGATOR								
Return form	with all required signa	atures to: rfpurchas	sing@o	odu.edu				P	or CO-PI SIGNA	TURE			
	. •	•	<del>-</del>										