

AUTHORIZED SIGNER FORM FOR GRANT FUNDS

A person assigned primary budget responsibility for a department or other entity has the authority to grant "signing rights" to other Clark personnel. Signing rights can be given by individual account or for all accounts.

Authorized Signer - person being granted signing rights

Name: (please print in box below)	Department	Phone #	Date

Signature:

Grant Title	
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Funding Agency	
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Grant #		If the grant has not been setup in grant accounting please leave blank
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The person *granted* "signing rights" can approve: (please check)

Other (please specify below)

All Expenditures

Payroll Authorizations

Web Time Entry Approvals

Student Scholarship Payments

Purchase Orders/Direct Pays

Grant Expenditure Budget (excluding payroll, student fellowship payments, and indirect)		PI can delegate approval authority up to \$
--	10,000.00	100.00
10,000.01	25,000.00	500.00
25,000.01	50,000.00	1,000.00
50,000.01	100,000.00	2,500.00
100,000.01	250,000.00	5,000.00
250,000.00	and greater	10,000.00

As the Principal Investigator (PI) or Project Manager (PM) for a grant, you will be required to approve some transactions above a pre-determined dollar amount depending on the amount of the award. For purchases being processed through Smart Buy Plus please use the schedule to the left to know what those limits will be. You can choose, however, to request a lower approval limit if you would like to review more transactions that are charged to the grant by entering the amount below:

Approval authority limit: \$

University policy requires a supervisor's approval for any expenditure that benefits an individual. This includes reimbursements and direct expenses for an individual - i.e., registration at a conference, paying for airline tickets, etc. University policy also prohibits subordinates from approving expenditures/reimbursements for their direct supervisor.

Primary Budget Authority - Principal Investigator assigned primary budget responsibility for department or entity

Name: (please print in box below)	Department	Phone #	Date

Signature:
