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

PART A - SIGNATURE AUTHORIZATION

INVESTIGATOR NAME: _____

INVESTIGATOR MIDAS ID: _____ **UIN**: _____

DEPARTMENT: _____

E-MAIL ADDRESS: _____

SIGNATURE SPECIMEN

PART B - SIGNATURE DELEGATION

PART C - AUTHORIZATIONS / ACCESS GRANTED

I hereby delegate signature authorityfor the personnel listed below on my accounts with the following authorizations and on-line acess as indicated below: (Check all that apply) **Note: Authorizations for subawardee payments cannot be delegated!**

LIMITED AUTHORIZATION DOLLAR		COI CMP Budget Delegate Required	AUTHORIZATIONS GRANTED							PORTAL ACCESS GRANTED		
LIMIT (if any) $	PROJECT NUMBERS: Beginning Feb 9, you must use the updated project numbers with the new letter suffix. More Information.	Check box if project has a CMP requiring a budget delegate	Budget Revisions	Consultant & Honorarium Payments	Purchase Requistions (eREQ)	Procurement Card Settlements	Travel & Reimbursement Payments	Vendor Payments		Project Report Access	Payroll Autorization (ePAS)	Employee Timesheets
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DELEGATE'S PRINTED NAME	E-MAIL ADDRESS	MIDAS ID (not UIN)	CMP Budget Delegate	DELEGATE SIGNATURE SPECIMEN and CERTIFICATION of having no conflict of interest with project (see ODU Policy #5201).

I certify that I have discussed this arrangement with the designees indicated above, that they are aware of the responsibility delegated to them, and that their signature is an acceptance of that designation of authority. I understand that the fiduciary responsibility for the above accounts still remains with me.

SIGNATURE OF PRINCIPAL INVESTIGATOR or CO-INVESTIGATOR

Return form with all required signatures to: rfpurchasing@odu.edu

PI or CO-PI SIGNATURE

Revised January 2025