



Research Project Request Form – Amendment to Delegated Signing Authority

To be completed by Principal Investigator:

Investigator:	
Short Title of Study	
Project Number	

Currently I have delegated signing authority (not my responsibilities) to:

	Name	Employee ID#	Job Title	Authority Limit (\$)
1.				
2.				
3.				

I would like to add/change delegate signing authority (not my responsibilities)

I would like to increase the delegated signing authority (due to change of role /position) to:

	Name	Employee ID#	Job Title	Authority Limit (\$)	Signature
4.					
5.					
6.					

I understand and agree to abide by the responsibilities assigned to me as noted on the Health Sciences Research Centre Research Project Request Form.

PI Signature: _____

Date: _____

To be completed by Research Administration Office:

SMH Research Finance Manager Approval: _____