Request for Delegation of Authority for Subrecipient Invoice Approval

To:	RAS Compliance Specialist	
From:	Department Name:	Org Number:
	Principal Investigator's Name:	
subrecip subrecip of each delegate	pient invoices to ensure pients comply with applicable subaward agreement. In co	that principal investigators review and approve that, in addition to achieving performance goals, e federal laws and regulations and with the provisions ertain circumstances, the principal investigator can nother individual working directly with the principal
Please	indicate the circumstance driving	ng this request:
Ex	atensive PI travel or absence	
Cı	urrent review process is multi-laye	ered and time consuming
Co	omplexity of the award may warra	ant a designee
the subrethat the program	ecipient invoices for the sub- ne named individual has nmatic work performed by	rize the individual listed below to review and approve award(s) referenced below. By signing this form, I agree is first-hand knowledge of the scientific and the subrecipient on my award such that he/she can be yof the information provided on the subrecipient invoices.
The indiperiod sp	· ·	cipient invoices for the grant and subawards listed during the
Designe	e Name	
HUID		
Award F	Fund Number	
Subagre	ement Number(s)	
Subreci	pient Name(s)	
Designe	ee Start Date	
Designe	ee End Date, <i>if applicable</i>	
notify th	ne school level sponsored	nvestigator, I am required to update this form and research or finance office whenever there are staffing result in changes to this delegation of authority.
PI Signat	ture	Date
Designee	Signature	Date
	evel Authorized Signature Appro	

Form Update Date: 09/30/2020