



**UNIVERSITY OF
SASKATCHEWAN**

Financial Services Division

**GRANT HOLDER DECLARATION AND
DELEGATION OF SIGNING AUTHORITY
Research Funds**

For Tri-Agency awards, one delegation of signing authority form must be completed for each fund.

Section 1. Research Fund Information

Name of Grant Holder (please print)	NSID
College/School	Department/Division/Centre
UniFi Fund Number:	Project Sponsor

Section 2. Declaration of the Grant Holder

As the named grant holder on the above identified research fund, I acknowledge that I am accountable for all expenditures charged to this fund and that this accountability cannot be delegated. I understand that I am responsible to initiate all expenditures against this research fund and that all expenditures must be made in accordance with sponsor/donor and university policies and requirements. My signature below attests one of the following statements (✓ please check one of the following). Please note there is no requirement to complete Section 3 if you select A or C.

A <input type="checkbox"/>	I take sole responsibility for the initiation all expenditures including: <ul style="list-style-type: none"> ○ Payroll (stipend/salary/benefit/scholarship related transactions) ○ Travel and Reimbursements (travel and subsistence costs, including personal reimbursements) ○ Pcard (purchases made using a U of S Pcard) ○ Purchasing (procurement including purchase requisitions, cheque requisitions) ○ Journal Vouchers ○ Stores (internal vendors such as Campus Computer Store, Bookstore, college stores, college laboratory services) 				
B <input type="checkbox"/>	I delegate signing authority on this research project for the stated period of time and that I have provided the following named individual(s) with all the details concerning this research project. Please complete Section 3.				
C <input type="checkbox"/>	I rescind the signing authority previously granted to: <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 15%;">Name:</td> <td></td> </tr> <tr> <td>NSID:</td> <td></td> </tr> </table>	Name:		NSID:	
Name:					
NSID:					

Signature of Grant Holder (in blue ink)	Date (dd/mm/yyyy)

Section 3. Affirmation of Delegate Accepting Signing Authority (Repeat this section for multiple delegates)					
Name of Delegate (please print)		NSID		UniFi Fund Number	
Term of Delegation – start date (dd/mm/yyyy)			Term of Delegation – end date (dd/mm/yyyy)		
The above mentioned delegate is given the authority to initiate all expenditures to this fund as follows:					
<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Travel and Reimbursement	<input type="checkbox"/>	PCard
<input type="checkbox"/>	Purchasing (Unifi and Cheque Requisitions)	<input type="checkbox"/>	Journal Voucher	<input type="checkbox"/>	Stores
<p>Affirmation of Delegate Accepting Signing Authority</p> <ul style="list-style-type: none"> • I accept responsibility as delegated signing authority for the above research project. • I have been provided with the terms of the research project by the grant holder • I have the skill and knowledge necessary for the effective discharge of this signing authority • I will use funds for the purposes for which they were awarded by ensuring all expenditures <ul style="list-style-type: none"> ○ Are supported by appropriate documentation, ○ Conform to the terms and conditions by the sponsor/donor, ○ Are processed to the correct account codes, ○ Occur within the research award period, and ○ Are consistent with the research project budget where applicable. 					
Signature of Delegate (in blue ink)				Date (dd/mm/yyyy)	

The original document is to be sent to Financial Reporting