

# APM 2.25.55.02—Segregation of Duties-Delegation of Authority

Complete this form for sponsored activity as necessary. Amend as needed during the award period to remove and/or add authorized individuals.

**Authorization** – Agreement to initiate procurement of goods or services to the University and ensure that the transaction complies with University policies and federal and state regulations. This internal control is sometimes known as “approval” for initiating the transaction

**Principal Investigator (PI):** \_\_\_\_\_

**PI Signature:** \_\_\_\_\_

**MoCode:** \_\_\_\_\_ **Project ID:** \_\_\_\_\_

I authorize the individuals named below to make transactions in my name that are necessary to accomplish the objectives of the above-referenced sponsored activities. The individual to whom the signature authority is delegated has direct knowledge of the needs of the project or activity.

Limitations to this authorization, if any, are clearly stated below. All expenditures must be in accordance with the terms of award and any other applicable regulations.

I understand that as the PI, I retain ultimate responsibility for assuring that all expenditures are fully allowable by the sponsor and appropriate for University activities and are in compliance with University policies and procedures, and applicable federal and state regulations.

**Delegated Individuals/Spending Limitations** (Leave spending limits blank if unlimited):  
**Each department must monitor spending limits.**

Name _____
Per transaction spending limit _____
Delegation period
Start: _____ End: _____ or <input type="checkbox"/> to coincide with project start/end dates
<input type="checkbox"/> Add <input type="checkbox"/> Remove
Date _____ PI-Initial _____

Name _____
Per transaction spending limit _____
Delegation period
Start: _____ End: _____ or <input type="checkbox"/> to coincide with project start/end dates
<input type="checkbox"/> Add <input type="checkbox"/> Remove
Date _____ PI-Initial _____

Name _____
Per transaction spending limit _____
Delegation period
Start: _____ End: _____ or <input type="checkbox"/> to coincide with project start/end dates
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Name _____
Per transaction spending limit _____
Delegation period
Start: _____ End: _____ or <input type="checkbox"/> to coincide with project start/end dates
<input type="checkbox"/> Add <input type="checkbox"/> Remove
Date _____ PI-Initial _____

This form must be completed by the PI, forwarded to the delegate and the departmental fiscal officer/financial manager. The documentation must be kept in accordance with the University Records Retention policy and the terms and conditions of the award.