

University of Waterloo – Office of Research
Delegation of Signing Authority for Research Accounts (Fund 105 only)

Principal Investigator (PI) Name: _____ **PI Department:** _____

To be completed by PI: I authorize the following changes to the delegation of signing authority on the research account below, for which I am the PI.

Signature of PI¹: _____ **Date:** _____

Research Account Number

				-	5	0	0	-	1	0	5	-					-	X	X	X	X	-	X	X	X	X	-	X	X	X
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ADD²: Please add the following individuals; I confirm that these individuals are appropriate delegates under the provision of the [Guideline on Signing Authority on Research Accounts](#)

Name: _____ Sample Signature¹: _____

Name: _____ Sample Signature¹: _____

Name: _____ Sample Signature¹: _____

REMOVE: Please remove the following individuals with effect from the date shown.

Name: _____ Date of Removal: _____

Name: _____ Date of Removal: _____

¹ Non-fillable field – original signatures are required.

² Delegated signing authorities will remain in place until the end of the project unless a date for removal is indicated on this or a subsequent Delegation of Signing Authority form.