

**GRANT SIGNATURE AUTHORITY**

DU Grant Number	DU Fund Number(s)	PERIOD OF AUTHORIZATION	
		Date From	Date To

**The following individual(s) may authorize the types of expenses indicated on the above grant fund(s). Each individual may NOT sign for payments/reimbursements to him/herself nor for payments/reimbursements to their supervisor, PI or anyone in a position above them in the organizational structure. Each individual must sign their own name. Electronically reproduced signatures or signature stamps are not allowed.**

Print Name and Title	Signature	Types of Expenses
		<input type="checkbox"/> Payroll <input type="checkbox"/> Supplies and Other Expenses <input type="checkbox"/> Equipment <input type="checkbox"/> Subcontracts / Consulting Agreements <input type="checkbox"/> Corrections & Adjustment
		<input type="checkbox"/> Payroll <input type="checkbox"/> Supplies and Other Expenses <input type="checkbox"/> Equipment <input type="checkbox"/> Subcontracts / Consulting Agreements <input type="checkbox"/> Corrections & Adjustment
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		<input type="checkbox"/> Payroll <input type="checkbox"/> Supplies and Other Expenses <input type="checkbox"/> Equipment <input type="checkbox"/> Subcontracts / Consulting Agreements <input type="checkbox"/> Corrections & Adjustment

*I hereby authorize signature authority on my behalf:*

\_\_\_\_\_  
*Principal Investigator Signature*

\_\_\_\_\_  
*Date*

**PRINT NAME:** \_\_\_\_\_