

**SPONSORED RESEARCH SERVICES**

**DELEGATION OF AUTHORITY**

Account Number: \_\_\_\_\_ Action:  Add  Update  Remove

Name of Delegated Person: \_\_\_\_\_

UIN: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Delegated Person: \_\_\_\_\_

**Levels of Authority:**

\*If authorization is given for All Fiscal Matters or Payroll, the delegated person must have supervisory authority for the work performed, and should not be the Creator and the Approver for TAMUS departmental invoices associated with this account.

\*\*\*\*\* All Fiscal Matters\*      OR      \*\*\*\*\* Travel  
..... Purchases Under \$5,000  
..... All Purchases

If it becomes necessary to update this delegation at any time during the term of this account, please submit another delegation form. Return the completed form to:

**Texas A&M System Sponsored Research Services  
400 Harvey Mitchell Parkway South, Suite 300  
College Station, Texas 77845  
  
TAMU Campus MS 3578**

**CERTIFICATION:**

The person listed above is authorized to act on my behalf for fiscal matters for the duration of this account or until otherwise notified in writing.

\_\_\_\_\_  
Principal Investigator (Signature)

\_\_\_\_\_  
Date

**SRS USE ONLY:**

\_\_\_\_\_  
Project Administrator (Signature)

\_\_\_\_\_  
Date

- FAMIS 52B Updated
- RF (CC99) accounts only-  
email sent to SRS Payroll  
(osrs-payroll@tamus.edu)