School of Public Health

Criteria for Consideration of Delegation of Authority for Business Transactions over $5,000

According to our policy, all PI’s may delegate authority for business transactions under $5,000. However, we recognize that in certain circumstances a higher limit might be justified. In the event that you believe a higher limit is justified, we ask that you provide additional written rationale for the higher delegated amount.

# Although each individual request will be evaluated individually, below are some of the criteria that we will evaluate in determining whether to grant the higher delegated amount:

# 1. PI's funds are not in deficit.

# 2. PI expenditures for the past year have numerous $5K and greater purchases.

# 3. The research center has a research coordinator/director to overlook the activities.

# 4. PI signs a monthly expense projections provided by RA (this should be for all PI's that delegate there signature for any dollar threshold).\* Please note that this signature authority may not be delegated to your RA.

You may request a higher limit by completing the document attached on the next page and providing a written justification for the need for the higher delegated authority limit in the space directly below.

Business Justification for Delegated Authority Over $5,000:

School of Public Health

Delegation of Authority to Approve Business Transactions **over $5,000**

# Current University business policies allow Principal Investigators to routinely delegate approving authority up to $5,000 to affiliated persons with suitable technical expertise. This specific form is to be used if you have unique circumstances that require delegated authority greater than $5,000. To track these delegations for the School of Public Health, the SPH Business Office will maintain a Google document of all SPH delegations.

**Individual Delegating Authority:**

|  |  |
| --- | --- |
| **Name:** | **Title:** |
|  |  |

# Specific Authority Delegated:

[ ]  All of my funds

[ ]  Only funds associated with my centers

[ ]  Only these specific centers:

|  |
| --- |
| **Center Name:** |
|  |
|  |
|  |

[ ]  Only these specific funds:

|  |  |
| --- | --- |
| **Fund Name:** | **Fund Number:** |
|  |  |
|  |  |
|  |  |

**Named Delegate:**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Title:** | **Delegated Amount:** |
|  |  |  |

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Signature of Named Delegate Date

**Signature and Acknowledgement of Retention of Accountability:**

The above individual has reasonable technical knowledge about my research projects and is qualified to fulfill the responsibility. I understand that while I may delegate the authority to the individual named above to approve business transactions, I remain accountable for the areas of responsibility in managing the expenditures against my funds.

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Principal Investigator Date