

RESEARCH PROJECT HOLDER’S ACCOUNTABILITIES – SCIENTIFIC STORES

As primary signing authority for research projects established in my name, I acknowledge and accept my responsibility:

1. to read, understand and comply with
 - all applicable sponsors’ policies, regulations, terms and conditions of award and
 - all University policies governing research accounts, including, but not limited to, budget control, travel, ethics, and overhead;
2. to authorize all expenditures to be charged against my research projects and/or to delegate this authority at my discretion;
3. to inform persons delegated signing authority on my research projects of applicable sponsor and University requirements and of their associated responsibility for compliance;
4. to obtain any additional approval signatures required prior to making financial commitments;
5. to authorize and to ensure delegate(s) authorize only allowable expenses against my research projects, which may involve consultation with the Research Finance and/or the sponsor;
6. to review Research Project Statements monthly to identify discrepancies and/or problems and to take corrective action in consultation with the Research Finance;
7. to reimburse to the applicable research project(s) any expenditures authorized by me or my delegates if disallowed by the sponsor; and
8. to eliminate any unauthorized over expenditures in accordance with the [Research Accounts Policy](#).

Signing Authority Delegation for Scientific Stores Purchases

In addition, I hereby grant the following people signing authority on my projects(s) for purchases from scientific stores. If no project numbers are indicated, the person has blanket authority on all current projects. Any change in project signing authority will be authorized by me in writing and sent to Research Finance for action.

NAME OF PURCHASING DELEGATE	EMPLOYEE ID #	PROJECT NUMBER(S)	DELEGATION END DATE <small>mm/dd/yyyy</small>

Note: Excel listing of delegates is optional in lieu of above chart. Please ensure that Name, ID, Project No. and Delegate End Date are included.

Approval

NAME OF PROJECT HOLDER	DEPARTMENT	SIGNATURE	DATE <small>mm/dd/yyyy</small>

Please return the signed form to:

Your respective Research Finance Accountant; or

McMaster Research Finance, Gilmour Hall, room 305 or PDF copy to resfin@mcmaster.ca; or

Faculty of Health Sciences Research Finance, HSC 3H9; or pdf copy to hsresfin@mcmaster.ca

NAME OF PURCHASING DELEGATE	EMPLOYEE ID #	PROJECT NUMBER(S)	DELEGATION END DATE <small>mm/dd/yyyy</small>

Approval

NAME OF PROJECT HOLDER	DEPARTMENT	SIGNATURE	DATE <small>mm/dd/yyyy</small>