



Signature Authorization

Grant Number: _____
 Grant Title: _____
 Proposal Number: _____
 Date: _____
 Responsible Person/ or PI: _____
 Fiscal Manager: _____

Fund Number: _____
 Org Number: _____
 Program: _____
 IDC Distr Code: _____
 UAA ID: _____ Telephone: _____
 UAA ID: _____ Telephone: _____

The following individuals are authorized to sign on the above award for the documents specified:

Names(s) of Individuals Authorized to Approve Documents	Signature	UAA ID / Position Title	All HR Documents*	Journal Vouchers	Procurement/ A/P	Financial Aid	Travel	Petty Cash

*Separate UAA Signature form is required for time sheets.

RESTRICTED FUNDS ONLY

This contract or grant is governed by policies and procedures of the University of Alaska, Awarding Agency, and the OMB Circulars A-21 and A-110. As PI, I am aware of the allowability, allocability, and reasonableness of charges for this award as set forth by the awarding agency.

The Grant Coordinator assigned to this award is _____. It is recommended that a meeting be scheduled to answer questions regarding proper accounting and reporting. Overruns to this award will be charged to _____ (indicate the general fund/org number, 1XXXXX-XXXXX) as necessary.

Expenditure documents will not be processed until this FULLY completed and signed authorization is received.

As PI for this award, my designee may sign in my absence.

I understand that although the above are authorized to sign for this grant in my absence, as Dean, Director, Principal Investigator or other Responsible Person, I am ultimately responsible for the transactions on this award.

Signature (PI) Date

Signature (Fund 1 Approver - if applicable) Date