

**University of Massachusetts / Amherst**  
**Delegation Form for PI Department ID's and Sponsored Grants**

Use this form for ALL Chartstrings under a PI DeptID or Sponsored Project Chartstrings.

To: [Findelegation@groups.umass.edu](mailto:Findelegation@groups.umass.edu)

**\*\*Copy to departmental grant file(s) for auditing purposes**

**1.) By means of this form, I am delegating signing / approval authority for my sponsored grant account(s).** The delegate must be a regular employee of the University (students are not allowed to be delegated this authority). Delegation of approval authority should not create a situation where an employee is approving expenses of another employee of equal or higher position without being delegated supervisor approval. Delegation of supervisor approval should not create a situation where an employee is approving expenses of their own supervisor.

Name (Principal Investigator/Delegating Official): \_\_\_\_\_ Employee ID: \_\_\_\_\_

Name (Delegate): \_\_\_\_\_ Employee ID: \_\_\_\_\_

**2.) This delegate may approve expenses related to my research for the following areas of delegation:**

\_\_\_\_\_ BankCard / Declining Card      \_\_\_\_\_ Contracts      \_\_\_\_\_ Personnel  
 \_\_\_\_\_ BuyWays Workflow Requisitions Approver      \_\_\_\_\_ Supervisor Approval (as Required on BankCard/ Travel / Business Expense Reports etc)  
 \_\_\_\_\_ **(Must be delegated at DeptID Level only)**      \_\_\_\_\_ Emp Reimb / Travel / Business Expense Reports      \_\_\_\_\_ Journal Entries / Recharges

**Grant Account(s) to be delegated, specify the level of delegation (Either DeptID Level or Individual CFS, not both):**

**DeptID Level (all current and future projects under DeptID) :** \_\_\_\_\_

**or Individual Chartstring(s): (Do not list individual Chartstrings if BuyWays is selected)**

SpeedType	Fund	Dept. ID	Program	Class	Project

\*\* Once a form is on file in the Controller's Office and training for delegated official is completed, additional chartstring(s) may be added with an email from the delegating official (cc'ing the delegate) to the Controller's Office [Findelegation@groups.umass.edu](mailto:Findelegation@groups.umass.edu) for the addition(s).

**3.) Effective Date of Delegation:**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Indefinite: \_\_\_\_\_

**PI Responsibility Statement:** I understand and acknowledge that I am responsible for the expenses that charge to my grant and it is my responsibility to review my accounts for accuracy. All costs must be reasonable and allocable, conforming to the sponsored agreement. It is my responsibility to notify the Controller's Office upon termination of this delegation with a [termination of signature delegation form](#). The authority delegated is not subject to sub-delegation without my prior approval. I understand that this delegation can be revoked by the Controller's Office for non-compliance.

\_\_\_\_\_  
**Signature of Delegating Official/Principal Investigator**

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

**Delegate Responsibility Statement:** I am fully aware of the intent, scope, and forecasted activities of this research, and as such, will be able to verify that the nature of the expense being approved are required to carry out the research as laid out in the original award. If I cannot approve an expense based on these criteria, evidence of PI approval will be obtained and available for post audit. All costs must be reasonable and allocable, conforming to the sponsored agreement and University policy. **I am required to complete the Controller's Office "Post Award-Financial Research Administration Training for Grants Administrators, PI's and Delegates"** if I am delegated the authority to approve charges on a Sponsored grant. **Before submitting this form I have completed the training at <http://owl.oit.umass.edu/>.**

**If you need to be registered for the training, send an email with your NetID to [chartstr@admin.umass.edu](mailto:chartstr@admin.umass.edu)**

\_\_\_\_\_  
**Signature of Delegate**

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

\_\_\_\_\_  
**Signature of Controller's Office**

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

**Send completed form to [Findelegation@groups.umass.edu](mailto:Findelegation@groups.umass.edu) for Controller's Office Signature**