

<b>Delegation of Approval Authority for Subrecipient Invoices</b>			
<b>Award Information</b>			
Principal Investigator:			
Length of Authority:			
Applicability:			
KC Family # or Tufts Grant ID:			
DeptID:			
Subrecipient Name:			
Award Start Date			
Award End Date			
Please list the individual authorized to approve subrecipient invoices for the award referenced above. This form should be submitted to Post-Award and retained in RAS for audit purposes.			
<b>Designated Delegate</b>			
School:		Title:	
<b>PI Delegating Authorization</b>			
The designated delegate, named above, has firsthand knowledge of the day to day activities by this sub-recipient. The delegate identified has an in-depth understanding of the projects scope of work and sponsor.			
PI Signature:		Date:	
<b>Delegate Certificate</b>			
I certify that I have firsthand knowledge of the day to day activities supported by the sponsor and an in-depth understanding of the project's scope of work, requirements and guidelines governing this award. I will review and approve subrecipient invoices in a timely manner consistent wit the relevant terms and conditions of the award, verifying that expenditures are consistent with the technical progress of the award, that all reports, milestones/deliverables have been received and obligations have been met.			
Delegate Signature:		Date:	