Principal Investigator (PI) Approval Form

|  |
| --- |
| Single Designee |
|  |
| If you wish to authorize a single Designee for approval of all ordering for multiple projects, please list all TJU grant information below. Please complete, sign and, save this form then e-mail to RacePurchases@Jefferson.edu.  |
| ***TJU Grant Information:*** |
| **Designee Name:** | Click here to enter text. |
| **Grant Account #1:** |
| Sponsor Name: | Click here to enter text. |
| Sponsor Award Number: | Click here to enter text. |
| Grant Title: | Click here to enter text. |
| TJU Account Number: | Click here to enter text. |
| **Grant Account #2:** |
| Sponsor Name: | Click here to enter text. |
| Sponsor Award Number: | Click here to enter text. |
| Grant Title: | Click here to enter text. |
| TJU Account Number: | Click here to enter text. |
| **Grant Account #3:** |
| Sponsor Name: | Click here to enter text. |
| Sponsor Award Number: | Click here to enter text. |
| Grant Title: | Click here to enter text. |
| TJU Account Number: | Click here to enter text. |
| **Grant Account #4:** |
| Sponsor Name: | Click here to enter text.  |
| Sponsor Award Number: | Click here to enter text. |
| Grant Title: | Click here to enter text. |
| TJU Account Number: | Click here to enter text. |
| **Grant Account #5:** |
| Sponsor Name: | Click here to enter text. |
| Sponsor Award Number: | Click here to enter text. |
| Grant Title: | Click here to enter text. |
| TJU Account Number: | Click here to enter text. |
| *I the Principal Investigator for the above-referenced TJU Account Numbers hereby authorize this purchasing designee to request orders on my behalf. Prior to requesting the order, as required, I will review and discuss the order requests with this Designee to ensure all orders adhere to all university, sponsor, and federal guidelines and regulations of the grant accounts that I am charging.**I am certifying that all purchases processed by my designees are allocable to the specific aims of each grant prior to ordering.* |
| PI Name: |  |
| PI Signature: |  |
| Departmental Administrator Name: |  |
| Departmental Administrator Signature: |  |
|  |

Principal Investigator (PI) Approval Form

|  |
| --- |
| Multiple Designees |
|  |
| If you wish to authorize multiple Designees for approval of all ordering for multiple projects, please list all TJU grant information below. Please complete, sign and, save this form then e-mail to RacePurchases@Jefferson.edu.  |
| ***TJU Grant Information:*** |
| **Grant Account #1:** |
| Sponsor Name: | Click here to enter text. |
| Sponsor Award Number: | Click here to enter text. |
| Grant Title: | Click here to enter text. |
| TJU Account Number: | Click here to enter text. |
| Designee Name(s): | Click here to enter text. |
| **Grant Account #2:** |
| Sponsor Name: | Click here to enter text. |
| Sponsor Award Number: | Click here to enter text. |
| Grant Title: | Click here to enter text. |
| TJU Account Number: | Click here to enter text. |
| Designee Name(s): | Click here to enter text. |
| **Grant Account #3:** |
| Sponsor Name: | Click here to enter text. |
| Sponsor Award Number: | Click here to enter text. |
| Grant Title: | Click here to enter text. |
| TJU Account Number: | Click here to enter text. |
| Designee Name(s): | Click here to enter text. |
| **Grant Account #4:** |
| Sponsor Name: | Click here to enter text.  |
| Sponsor Award Number: | Click here to enter text. |
| Grant Title: | Click here to enter text. |
| TJU Account Number: | Click here to enter text. |
| Designee Name(s): | Click here to enter text. |
| **Grant Account #5:** |
| Sponsor Name: | Click here to enter text. |
| Sponsor Award Number: | Click here to enter text. |
| Grant Title: | Click here to enter text. |
| TJU Account Number: | Click here to enter text. |
| Designee Name(s): | Click here to enter text. |
| *I the Principal Investigator for the above-referenced TJU Account Numbers hereby authorize these purchasing designees to request orders on my behalf. Prior to requesting the order, as required, I will review and discuss the order requests with these Designees to ensure all orders adhere to all university, sponsor, and federal guidelines and regulations of the grant accounts that I am charging.**I am certifying that all purchases processed by my designees are allocable to the specific aims of each grant prior to ordering.* |
| PI Name: |  |
| PI Signature: |  |
| Departmental Administrator Name: |  |
| Departmental Administrator Signature: |  |
|  |