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](mailto: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

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| --- | --- | --- |
| 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](mailto: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: | |  |
|  | | |