

**Research Foundation***Science ♦ Service ♦ Solutions***DATE:** \_\_\_\_\_**TO:** **Sponsored Research Administration****FROM:** \_\_\_\_\_**Project Director****RE:****Fund:** \_\_\_\_\_**Org:** \_\_\_\_\_**TITLE:** \_\_\_\_\_

All individuals responsible for the fiscal administration of the fund referenced above are required to provide a sample of their signature on this memo as indicated below. This document will be used to verify authorized signatures on expenditure documents submitted to our office for processing.

Signature authority enables an individual to authorize expenditures against the above-referenced fund including purchasing of goods and services, reimbursements to individuals, travel, equipment, retro transfers of costs, inter-fund transfers, and initiating personnel appointment forms, extensions, etc. Please note some expenditures may require one-up authorization in accordance with SDSU Research Foundation policy. There is no maximum dollar threshold to this authority and the Principal Investigator on this fund grants individuals identified on the reverse of this form total fiscal responsibility. Fiscal responsibility does not include the ability to independently hire, terminate, discipline, set salary or in any other manner, impact the job of any employee of the SDSURF. All employment actions must be taken by the SDSURF Human Resources Director or his/her designee.

Signature authority may only be delegated to employees of SDSU or SDSU Research Foundation. Principal Investigators should designate this authority only to staff that are capable of sound fiscal management and are knowledgeable of administrative policies and procedures contained in the SDSU Research Foundation Project Administration Guide. The PAG may be found at [www.foundation.sdsu.edu](http://www.foundation.sdsu.edu) under grants administration.

When signing on expenditure documents, you are certifying that the expense is real, necessary and programmatically appropriate to the fund to which it is being assigned, that all goods or services being authorized have in fact been received, and the quality of the work or product is acceptable.

**Please sign on reverse side.**

**FUND:** \_\_\_\_\_  
**ORG:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

Please have all those authorized to expend money from the fund referenced above read this memo and sign below.

|    |            |        |
|----|------------|--------|
| 1. | Name:      | Title: |
|    | Signature: |        |
| 2. | Name:      | Title: |
|    | Signature: |        |
| 3. | Name:      | Title: |
|    | Signature: |        |
| 4  | Name:      | Title: |
|    | Signature: |        |
| 5. | Name:      | Title: |
|    | Signature: |        |

*By signing above, I agree to abide by all SDSU Research Foundation policies and procedures in the management of these funds. I have reviewed the award document or the award analysis prepared by SDSU Research Foundation and have read the Project Administration Guide located at [www.foundation.sdsu.edu](http://www.foundation.sdsu.edu). I am aware that by authorizing expenditures I am certifying to the validity and programmatic necessity of the expense and its appropriateness to this fund.*

All expenditures require dual signature of an SDSU Research Foundation Sponsored Research Administrator. The administrator verifies the expense is reasonable and allowable on the fund, the allocation of the expense to the funding source is appropriate, the cost falls within the funding time period, is adequately documented, and conforms to all sponsor, university and foundation policies and procedures.

Once all signatures have been obtained please return this document to SDSU Research Foundation at mail code 1934. If you have any questions, please contact your administrator at SDSU Research Foundation.