

UNIVERSITY OF HOUSTON
Office of Contracts and Grants
Delegation of Authority

Cost Center:
FRS Account:

Project Title:
Principle Investigator:
Department:
Mail Code:
Agency:
Begin Date:
End Date:
Sr. RA, OCG:
OCG Mail Code:

Delegation of Authority:
The following UH employees have been delegated authority by the Principle Investigator to approve expenditures on this project.

Department Business Manager:

(Signature)

Name: _____

(Signature)

Title: _____

Name: _____

(Signature)

Title: _____

Name: _____

(Signature)

Title: _____

Principle Investigator:

(Signature)

Please return one signed copy to the Sr. RA referenced above and retain a copy for your files, in accordance with MAPP 05.02.01. Please contact the Research Administrator if you would like to schedule a meeting to discuss the award.

OCG Approval

Date