

Award Information	
Principal Investigator Name:	
Home Department:	
Sponsor Award Number:	
Sponsor:	
Yale Award Number:	
Award Owning Cost Center:	
Award Period Start Date:	
Award Period End Date:	
Period Budget:	
Primary Financial Reviewer for Award:	

Please list the individual authorized to approve financial transactions on this sponsored award. This individual, and the authorizing PI, should sign this form and retain a copy for their reference.

Name	Supplier Invoices (X)	Subrecipient Invoices (X)

PI Delegation Authorization			
The designated delegate, named above, has firsthand knowledge of the day-to-day activities supported by this sponsor. They have an in-depth understanding of the project scope of work and sponsor requirements and guidelines governing this account's funding.			
PI Signature:		Date:	

Delegate Certification			
I certify that I have firsthand knowledge of the day-to-day activities supported by the above sponsor. I have an in-depth understanding of the project's scope of work and sponsor requirements and guidelines governing this award. I will review and approve supplier and/or subrecipient invoices in a timely manner consistent with the relevant terms and conditions of the award and will verify that claims are consistent with technical/progress reports and received deliverables. I have completed the <a href="#">Introduction to Sponsored Projects for Faculty Training</a> and understand my responsibilities related to the approval of supplier and/or subrecipient invoices.			
Delegate Signature:		Date:	