

Signature Authorization

Please submit **TYPED** form to Contract and Grant Accounting

MSC 01-1245 CGA 2100

Index: «Index»
Index Title: «Index_Title»
Project Number: «ProjNo»
Date: «Date»
Responsible Person/ or PI «PI»
Index Administrator: _____

Fund: «Fund»
Org Code & Name: «Org»
Program: _____
Activity: _____
UNM ID: _____ **Telephone:** _____
UNM ID: _____ **Telephone:** _____

The following individuals are authorized to sign on the above index for the documents specified:

Names(s) of Individuals Authorized to Approve Documents	Signature	Title	UNM Net ID	All HR Documents*	Internal POs/PRs	Chrome River Pcard, Travel Expense, Invoice*	Petty Cash

***Separate UNM Signature form is required for time sheets.**

RESTRICTED INDICES ONLY

GRANT CODE: «Grant»

This contract or grant is governed by policies and procedures of the University of New Mexico, Awarding Agency, and the Uniform Guidance 2 CFR 200.

If you have any questions regarding proper accounting and/or reporting please contact your Fiscal Monitor. Over expenditures to this index will be charged to the departmental IDC index or _____ (indicate Unrestricted Index) as necessary.

Expenditure documents will not be processed until this FULLY completed and signed authorization is received.

More information on University Policies may be obtained online at <http://handbook.unm.edu/> (the UNM Faculty Handbook); and <http://policy.unm.edu/university-policies/index.html> available at the UNM Policy Office, Scholes Hall Room 114, 277-6531, policy@unm.edu.

Agency Guidelines are available from the team assigned to your account, at the appropriate Accounting Office.

As P.I. for this accounting string, I am aware of and agree with the department's electronic approval queue. In my long term absence or illness the Department Chair or Dean may also sign.

*Please ensure signature authorization is in alignment with the Chrome River Approval Group Form.

I understand that although the above are authorized to sign for this index in my absence, as Dean, Director, Principal Investigator or other Responsible Person, I am ultimately responsible for my transactions.

Signature
Revised 12.2.16

Date