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| **Signature Authorization** | |  | **Please submit TYPED form to Contract and Grant Accounting**  **MSC 01-1245 CGA 2100** | | | |
| **Index**: |  | Fund: |  |  |  | |
| **Index Title**: |  | Org Code: |  |  |  | |
| Project Number: |  | Program: |  |  |  | |
| Date: |  | Activity: |  |  |  | |
| Responsible Person/ or PI |  | UNM ID: |  |  | Telephone: |  |
| Index Administrator: |  | UNM ID: |  |  | Telephone: |  |

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
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**\*Separate UNM Signature form is required for time sheets.**

**RESTRICTED INDICES ONLY GRANT CODE:**

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.](mailto: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 Date

Revised 12.2.16