



Office for Sponsored Programs Authorized Signature Form

Sponsored Project Chartstring:

Dept ID	Fund	Fund Source	Program	Function	Property	Project

Principal Investigator: _____
 PI Department Name & ID#: _____
 Co-Principal Investigator: _____
 Co-PI Dept Name & ID#: _____
 Project Title: _____
 Sponsor: _____
 Sponsor's Award #: _____

The PI and Co-PI are responsible for transactions processed using this sponsored project/award funds. The employee(s) listed below may enact certain transactions (such as budget transfers, purchases, travel expenditures, and HR transactions) on behalf of PI/Co-PI, unless* BC or OSP policy, procedures, or forms specifically require the PI's or Co-PI's signature. This form is for OSP's records. *PI/Co-PI will be responsible for obtaining PeopleSoft system access for those listed below via BC's procedures.*

* Some examples when a PI's or Co-PI's signature is still required are the following: Vendor Justification Form/Sole Source, subrecipient's invoice, transactions for \$10,000 or more; certification of compensation (T&E Reports), and a Labor Redistribution Request Form; no designee is allowed.

Employee Name (printed)	Employee BC ID	Employee's Signature	PI Notes or Restrictions

As the PI or Co-PI, I understand I will be held accountable for the decisions made by the above employees to whom I/we have granted access to enact certain transactions utilizing this sponsored project's funds.

PI Signature: _____ Date: _____
 Co-PI Signature: _____ Date: _____

Return completed Form to:
 Office for Sponsored Programs
 31 Lawrence Ave. / Joyce House
 Email: ospadmin@bc.edu Phone: 617-552-3344 Fax: 617-552-0747

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