



Note:

It is a requirement that each year the RF Office of Grants Management review and update the list of authorized signatures for every RF account. An electronic signatory system has been implemented that will make it easier for you to update your Delegates without the need to send in a signature form. It is strongly recommended that you go to the Procurement website (www.stonybrook.edu/procurement) to update your Delegate information on-line instead of submitting this form. The link to the Electronic Record of Authorized Signatures (E-RAS) can be found under *Employee's Corner*. If you log on and do not see your account number listed you will need to contact the Office of Grants Management at (631) 632-9038 to determine the reason.

Instructions:

Use this form to identify individuals with authorization to encumber or commit account funds. A separate record of authorized signatures is required for each account. This record will remain active until further notification by the Account Director. If you have any questions, please contact the Office of Grants Management at (631) 632 - 9038.

1. All sections must be completed.
2. In Section III and on the signature sheet (page 2), you must **type** your full name and Stony Brook ID. Repeat this step for each of your Delegate(s).
3. Print this completed form and the accompanying signature sheet (page 2).
4. Sign in Section II. Also sign and have your Delegate(s) sign on the accompanying signature sheet (page 2) if you/they have not done so before.
5. Please submit this form with all signature sheets to Office of Grants Management, Z=3366.

Section I

This is a new record of authorized signatures Completely replace existing record with information on this form
 Add the following Delegates to this account Remove the following Delegates from this account
 Other (explain): _____

Section II

| | | | |
|---|------------------------|-------------------------------|----------------------|
| Account Director: (First Name, Last Name) | | Account Director SBID: | |
| Department: | Campus Address: | Zip: | Phone: |
| Project: | Award: | Task: | Award Period: |
| | | From: | To: |
| I hereby authorize the changes that appear on this form to the account number listed above for which I am responsible. Also, I have personally witnessed the Delegate(s) sign their signature(s) on the attached signature sheet(s). <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <div style="border-top: 1px solid black; width: 45%;"></div> <div style="border-top: 1px solid black; width: 30%;"></div> </div> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Account Director Signature Date </div> | | | |

Section III

It is recommended to designate at least one Delegate who can act on your behalf should you be unavailable. No delegate needed

| Delegate Full Name (Type in) | SBID (Type in) | Level of Authority * (If left blank, full authority is assumed) |
|---------------------------------|-------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

*Levels of Authority: 1) Full Authority 2) Temporary during absence of Account Director; specify end date 3) Limited (i.e., all except Personnel, mail reqs., only, etc.)

