

## DELEGATION FOR SIGNATURE AUTHORITY

The following person is authorized to make purchases in the Chemistry Research Stockroom, use Department instruments and services and/or place orders via Purchase PATH.

Individual to be Authorized:			
Last Name:		First Name:	
UWNetID:			
Authorized Budgets:			
Budget/Project Number:	Budget/Project Name:	Chemstores/ Services	Purchase PATH
1.			
2.			
3.			
4.			
5.			
Principal Investigator:			
Last Name:		First Name:	
Approval Signature:			Date:

**Note: Office Supplies cannot be purchased on Research Grants.**

Additional Restrictions and/or Special Conditions:

FOR P&A USE ONLY:		
Date added to:	PandA:	PPATH: